

FRANKLIN COUNTY PUBLIC SCHOOLS



Department of Maintenance

250 School Service Road • Rocky Mount, VA 24151 (540) 483-5538 • FAX (540) 483-0195 steve.oakes@frco.k12.ya.us • darryl.spencer@frco.k12.va.us



December 11, 2009

Ms. Becky L. France, Environmental Engineer Senior Department of Environmental Quality Blue Ridge Regional Office 3019 Peters Creek Road Roanoke, VA 24019

RE: VPDES - Permit No. VA0088561

Callaway Elementary School WWTP

Dear Ms. France:

Please find attached the application to reapply for the discharge permit for the school named above. Should any additional information be required, please feel free to give me a call.

Sincerely,

Darryl K. Spencer

Supervisor of Buildings and Grounds

cc: VDH - Lexington, VA



FRANKLIN COUNTY PUBLIC SCHOOLS



Department of Maintenance

250 School Service Road • Rocky Mount, VA 24151 (540) 483-5538 • FAX (540) 483-0195 steve.oakes@frco.k12.va.us • darryl.spencer@frco.k12.va.us



March 10, 2010

Ms. Becky L. France, Environmental Engineer Senior Department of Environmental Quality Blue Ridge Regional Office 3019 Peters Creek Road Roanoke, VA 24019

Re: VPDES - Permit No. VA0088561

Dear Ms. France:

Please find attached additional information along with an updated signature page for the application for the renewal of the discharge permit for the location named above.

Thank you for your assistance with this application and let me know if any additional information is required.

Sincerely,

Darryl K. Spencer

Supervisor of Buildings and Grounds



FRANKLIN COUNTY PUBLIC SCHOOLS

Department of Maintenance

250 School Service Road • Rocky Mount, VA 24151 (540) 483-5538 • FAX (540) 483-0195 steve.oakes@frco.k12.va.us • darryl.spencer@frco.k12.va.us



Becky France Commonwealth of Virginia Department of Environmental Quality West Central Regional Office 3019 Peters Creek Road Roanoke, VA 24019

Re: VPDES Permit Application for Callaway Elementary School (VA0088561)

Dear Ms. France:

We are requesting a testing waiver to allow

- 1. One E.Coli sample instead of three fecal coliforms
- 2. Grab samples for TSS and BOD5 in lieu of composite samples

Thank you.

Sincerely,

Darryl K. Spencer

Supervisor of Buildings and Grounds

DEC | A 2009 Form Approved 1/14/99 OMB Number 2040-0086

FORM
2A
NPDES

NPDES FORM 2A APPLICATION OVERVIEW

APPLICATION OVERVIEW

Form 2A has been developed in a modular formatiand consists of a "Basic Application Information" packet and a "Supplemental Application Information" packet. The Basic Application Information packet is divided into two parts. All applicants must complete Parts A and C. Applicants with a design flow greater than or equal to 0.1 mgd must also complete Part B. Some applicants must also complete the Supplemental Application Information packet. The following items explain which parts of Form 2A you must complete.

BASIC APPLICATION INFORMATION:

- A. Basic Application Information for all Applicants. All applicants must complete questions A.1 through A.8. A treatment works that discharges effluent to surface waters of the United States must also answer questions A.9 through A.12.
- B. Additional Application Information for Applicants with a Design Flow ≥ 0.1 mgd. All treatment works that have design flows greater than or equal to 0.1 million gallons per day must complete questions B.1 through B.6.
- C. Certification. All applicants must complete Part C (Certification).

SUPPLEMENTAL APPLICATION INFORMATION:

- D. Expanded Effluent Testing Data. A treatment works that discharges effluent to surface waters of the United States and meets one or more of the following criteria must complete Part D (Expanded Effluent Testing Data):
 - 1. Has a design flow rate greater than or equal to 1 mgd,
 - 2. Is required to have a pretreatment program (or has one in place), or
 - 3. Is otherwise required by the permitting authority to provide the information.
- E. Toxicity Testing Data. A treatment works that meets one or more of the following criteria must complete Part E (Toxicity Testing Data):
 - Has a design flow rate greater than or equal to 1 mgd,
 - 2. Is required to have a pretreatment program (or has one in place), or
 - 3. Is otherwise required by the permitting authority to submit results of toxicity testing.
- F. Industrial User Discharges and RCRA/CERCLA Wastes. A treatment works that accepts process wastewater from any significant industrial users (SIUs) or receives RCRA or CERCLA wastes must complete Part F (Industrial User Discharges and RCRA/CERCLA Wastes). SIUs are defined as:
 - All industrial users subject to Categorical Pretreatment Standards under 40 Code of Federal Regulations (CFR) 403.6 and 40 CFR Chapter I, Subchapter N (see instructions); and
 - 2. Any other industrial user that:
 - Discharges an average of 25,000 gallons per day or more of process wastewater to the treatment works (with certain exclusions); or
 - b. Contributes a process wastestream that makes up 5 percent or more of the average dry weather hydraulic or organic capacity of the treatment plant; or
 - c. Is designated as an SIU by the control authority.
- G. Combined Sewer Systems. A treatment works that has a combined sewer system must complete Part G (Combined Sewer Systems).

ALL APPLICANTS MUST COMPLETE PART C (CERTIFICATION)

FACILITY NAME AND PERMIT NUMBER:	ScHool School
Challeng I E le Lieu (141)	VA 0088561

Form Approved 1114/99 OMB Number 2040-0086

BASIC APPLICATION INFORMATION PARTIA. BASIC APPLICATION INFORMATION FOR ALL APPLICANTS: All treatment works must complete questions A:1 through A:9 of this Basic Application Information packet A.1. Facility Information. Facility name Mailing Address Contact person BailblAGS & GROUNDS Title Telephone number Facility Address (not P.O. Box) A.2. Applicant Information. If the applicant is different from the above, provide the following: Applicant name Mailing Address Contact person Title Telephone number Is the applicant the owner or operator (or both) of the treatment works? operator Indicate whether correspondence regarding this permit should be directed to the facility or the applicant.

A.4. Collection System Information. Provide information on municipalities and areas served by the facility. Provide the name and population of each entity and, if known, provide information on the type of collection system (combined vs. separate) and its ownership (municipal, private, etc.).

A.3. Existing Environmental Permits. Provide the permit number of any existing environmental permits that have been issued to the treatment works

PSD

Other

Other

Population Served Type of Collection System

Total population served

applicant

facility

(include state-issued permits).

NPDES

UIC

RCRA

FACILI	ITY NAME AND PERMIT NUMBER:		1/CE		Form Approved 1/14/99 DMB Number 2040-0086
Cali.	way Elementary School 1	JA0088561	The second second	enne ,	SILL HAIRING ECACOOD
<u>۱۹۱۱۵.</u> ۱۱ A.5.	ndian Country.	VII.C O.D D.I.	nec	1 the Colonial Coloni	· - · · · · · · · · · · · · · · · · · ·
	•			Æ/	
а	•		\O _k	50 - 850	
	Yes	. No			
b	Does the treatment works discharge to through) Indian Country?	a receiving water that is either	r in Indian Country or that is up	ostream from (and t	eventually flows
	Yes Yes	No			•
da	flow. Indicate the design flow rate of the haily flow rate and maximum daily flow rate nonth of "this year" occurring no more tha	for each of the last three years	s. Each year's data must be b	as built to handle). ased on a 12-mont	Also provide the average h time period with the 1.
a.	Design flow rate 0.0019 n	ngd			
	• •	Two Years Ago	Last Year	This Year	, ,
b.	. Annual average daily flow rate	0.001	0.001	0.00	mgd
C.		0.001	0.001	0.00	mgd
	·				•
	collection System. Indicate the type(s) of contribution (by miles) of each.	f collection system(s) used by	the treatment plant. Check all	that apply. Also e	stimate the percent
•	Separate sanitary sewer				<u> </u>
_	Combined storm and sanitary see	wer		·	%
(.8. D	ischarges and Other Disposal Method	S.		. (•
a.	Does the treatment works discharge ef	fluent to waters of the U.S.?		_X Yes	No
	If yes, list how many of each of the follo	owing types of discharge points	the treatment works uses:		
	i. Discharges of treated effluent			_	YES
	ii. Discharges of untreated or partially	treated effluent			NO
	iii. Combined sewer overflow points				NO
	iv. Constructed emergency overflows	(prior to the headworks)		_	NO
	v. Other	. ,			
				_	
b.	Does the treatment works discharge ef that do not have outlets for discharge to		r surface impoundments	Yes	_X No
	If yes, provide the following for each su	face impoundment:			
	Location:				
	Annual average daily volume discharge	d to surface impoundment(s)			mgd
	ls discharge continuous	s or intermitten	il?		
					V
C.	Does the treatment works land-apply tre	ated wastewater?	-	Yes	_A No
	If yes, provide the following for each Jan Location:	d application site:			
	Number of acres:		and the second		
	Annual average daily volume applied to		Mgd		
	,	,	rmittent?		
ď.	Does the treatment works discharge or	transport treated or untreated w	vastewater to another	γ	
	treatment works?		<u>-</u>	Yes	No
				•	

CILITY NAME AND PER	MIT NUMBER: Form Approved 1/14/99
	OMB Number 2040-008
If yes, describe the (e.g., lank truck, p	e mean(s) by which the wastewater from the treatment works is discharged or transported to the other treatment works incl.
(0.5., -	TANK TRUCK
If transport is by a	party other than the applicant, provide:
Transporter name:	
Mailing Address:	224 Applegate Lane
	Bassett, VA 24055-5818
Contact person:	Dickerson O. Walker
Title:	owner
Telephone number	276-647-8191
Name: Mailing Address:	Henry County PSA, Treatment Division P.S.Box 7, Collinsville, VA 24078 1780 Beckhan Church Road, Axton, VA 24054
	P.O.Bax 7, Collingville, VA 24078
Mailing Address:	P.S.Bax 7, Collinsville, VA 24078 1780 Beckhan Church Rogal, Axton, VA 24054
Mailing Address: Contact person:	P.S.Box 7, Collingville, VA 24078 1780 Beckhan Church Road, Axton, VA 24054 Steve Clary Wastewater Syperintendent
Mailing Address: Contact person: Title: Telephone number	P.S.Box 7, Collinsville, VA 24078 1780 Beckhan Church Rogal, Axton, VA 24054 Steve Clary Wastewater Syperintendent
Mailing Address: Contact person: Title: Telephone number If known, provide th	P.S.Box 7, Collingville, VA 24078 1780 Beckhan Church Rogal, Axton, VA 24054 Steve Clary Wastewater Syperintendent 276-638-5137
Mailing Address: Contact person: Title: Telephone number If known, provide the Provide the average.	P.S. Box 7, Collinguille, VA 24078 1780 Beckhan Church Road, Axton, VA 24054 Steve Clary Wastewater Syper: Atradent 276-638-5137 The NPDES permit number of the treatment works that receives this discharge. The addity flow rate from the treatment works into the receiving facility. D.0025
Mailing Address: Contact person: Title: Telephone number If known, provide the Provide the average e. Does the treatment A.8.a through A.8.d	P.S. Box 7, Collinguille, VA 24078 1780 Beckhan Church Read, Axton, VA 24054 Steve Clary Wastewater Syperintendent 276-638-5137 The NPDES permit number of the treatment works that receives this discharge. The addity flow rate from the treatment works into the receiving facility. D.0025 Once per year works discharge or dispose of its wastewater in a manner not included in
Mailing Address: Contact person: Title: Telephone number If known, provide the Provide the average e. Does the treatment A.B.a through A.B.d. If yes, provide the form	P.S. Box 7, Collinguille, VA 24078 1780 Beckhan Church Road, Axton, VA 24054 Stere Clary Wastewater Syperintendent 276-638-5137 The NPDES permit number of the treatment works that receives this discharge. The daily flow rate from the treatment works into the receiving facility. Works discharge or dispose of its wastewater in a manner not included in labove (e.g., underground percolation, well injection)? Yes X No
Mailing Address: Contact person: Title: Telephone number If known, provide the Provide the average e. Does the treatment A.8.a through A.8.d If yes, provide the form	P.S. Box 7, Collinguille, VA 24078 1780 Beckhan Church Read, Axton, VA 24054 Stere Clary Wastewater Syperintendent 276-638-5137 The NPDES permit number of the treatment works that receives this discharge. The deally flow rate from the treatment works into the receiving facility. Works discharge or dispose of its wastewater in a manner not included in above (e.g., underground percolation, well injection)? Yes X No collowing for each disposal method:

Form Approved 1/14/99 FACILITY NAME AND PERMIT NUMBER: OMB Number 2040-0086 Callaway Elementury School VADO88561 WASTEWATER DISCHARGES: If you answered "yes" to question A:8:a; complete questions A:9:through A:12 once for each outfall (including bypass points) through which effluent is discharged. Do not include information on combined sewer overflows in this section. If you answered "no" to question A.8.a, go to Part B. "Additional Application information for Applicants with a Design Flow Greater than or Equal to 0:1 mgd." A.9. Description of Outfall. a. Outfall number h. Location Distance from shore (if applicable) Depth below surface (if applicable) 0.001 Average daily flow rate Does this outfall have either an intermittent or a periodic discharge? (go to A.9.g.) If yes, provide the following information: Number of times per year discharge occurs: Average duration of each discharge: Average flow per discharge: Months in which discharge occurs: g. Is outfall equipped with a diffuser? A.10. Description of Receiving Waters. SOUTH FORK BLACKWATER RIVER a. Name of receiving water ROANOKE RIVER b. Name of watershed (if known) United States Soil Conservation Service 14-digit watershed code (if known): UPPER ROAMOKE RIVER c. Name of State Management/River Basin (if known): United States Geological Survey 8-digit hydrologic cataloging unit code (if known): d. Critical low flow of receiving stream (if applicable): Total hardness of receiving stream at critical low flow (if applicable): _____ mg/l of CaCO₃

FRANKLIN CO. SCHOOLBOARD - CALLAWAY ELEMENTALY



Form Appraved 1/14/99 OMB Number 2040-0086

a. What levels of treatment are provided? Check all that apply. Advanced Describe: Advanced Design BOD _g removal grates (as applicable): Design BOD _g removal grates (as applicable): Design BOD _g removal grates (as applicable): Design P removal Design P removal Design N removal Design N removal Other C. What type of disinfection is used for the effluent from this outfall? If disinfection varies by season, please describe. CHARATIM If disinfection is by chlorination, is dechlorination used for this outfall? Design N removal Design N removal Other C. What type of disinfection is used for the effluent from this outfall? If disinfection varies by season, please describe. CHARATIM If disinfection is by chlorination, is dechlorination used for this outfall? A yes No Design N removal Design N removal A period of the following parameters. Provide the includes of effluent starting required by the permitting authority for each outfall through which effluent is eating required by the permitting authority for each outfall through which effluent is collected through earlysts conductated effluent starting requirements and other appropriate QA/CC requirements for standard methods for enabytes not addressed by 40 CRP Part 135 and other appropriate QA/CC requirements for standard methods for enabytes not addressed by 40 CRP Part 135. A minimum, effluent testing data must be based on at least three samples and must be no more than four and one-half years apart. Outfall number: Describe: Water Division: Value: United Value: V	a. What levels of treatment are provided? Check all that apply. X Primary Secondary Advanced X Other. Describe: SAND FITCH b. Indicate the following removal rates (as applicable): Design BOD _g removal gr Design CBOD _g removal Design Premoval Design Premoval Design N removal Design N removal Design N removal Other % C. What type of disinfection is used for the effluent from this outfall? If disinfection varies by season, please describe. CHINDLATION If disinfection is by chloritation, is dechlorination used for this outfall? If disinfection is by chloritation, is dechlorination used for this outfall? A Does the treatment plant have post aeration? Ves No D. Oos the treatment plant have post aeration? Ves No Effluent Testing information. All Applicants that discharge to waters of the US must provide effluent testing data for the following parameters, Provide the indicated effluent testing required by the parmitting authority for each outfall through which effluent is discherated. Do not include information on combined sewer overflows in this section. All information reported must be based on at least three samples and must be no more than four and one-half years apart. Outfall number: Value: Units: Value: Units: Value: Units: Number of Sample Parameters. WAXIMUM DAILY.VALUE: Value: Units: Number of Sample Parameters. WAXIMUM DAILY.VALUE: Value: Units: Number of Sample Parameters. Waximum) Outfall number: Value: Units: Value: Units: Value: Units: Number of Sample Parameters. Waximum) A VERAGE DAILY.VALUE; Value: Units: Value: Units: Value: Units: Value: Units: Number of Sample Parameter of Sample Parameters. Waximum) A Very Daily and Sample S	a What levels of treatment are provided? Check all that apply. X	a. What levels of treatment are provided? Check all that apply. X Primary Secondary Advanced X Other. Describe: Design BOD, removal gr Design CBOD, removal Design BOD, removal gr Design CBOD, removal Design BOD, removal gr Design CBOD, removal Design BOD, removal Design Premoval What type of disinfection is used for the effluent from this outfall? If disinfection varies by season, please describe. CHINKINATION If disinfection is by chlorination, is dechlorination used for this outfall? Yes No d. Does the treatment plant have post aeration? Yes No No LEffluent Testing Information. All Applicants that discharge to waters of the US must provide effluent testing data for the following parameters. Provide the indicated effluent testing required by the parmitting authority for seach outfall through which effluent is declared. All Information reported must be beased on dat collected through enabyles one deficit into section. All Information reported must be beased on dat collected through enabyles one deficit into section. All Information reported must be beased on dat least three samples and must be no more than four and one-half years apart. Outfall number: PARAMETER MAXIMUMDALEY VALUE Valu	Advanced Design BOD, removal grossing applicable): Design BOD, removal grossing CBOD, removal Design P removal Design N removal Other C. What type of disinfection is used for the effluent from this outfall? If disinfection varies by season, please describe. C. HIND, NATION If disinfection is by chlorhation, is decitorination used for this outfall? If disinfection varies by season, please describe. C. HIND, NATION If disinfection is by chlorhation, is decitorination used for this outfall? Yes No Does the treatment plant have post aerasion? Z. Effluent Teeting information. All Applicants that discharge to waters of the US must provide effluent iseting date for the following parameters. Provide the indicated adriend restaining required by the partiting authority for each outfall through which effluent is all safety and the parameters. Provide the indicated adriend restaining required by the partiting authority for each outfall through which effluent is all safety and any accordance during 40 CFR Part 136 and other appropriate QA/CC requirements for standard methods for analysis and addressed by 40 CFR Part 136. A continuent seeling data must be based on at least three samples and must be no more than four and one-half years spart. Doutfall number. D. J. AMAIMUM/DAILY VALUE VAILE VAILE VAILE AVERAGE DAILY VALUE VAILE AVERAGE DAILY VALUE VAILE AVERAGE DAILY VALUE AVERAGE DAIL	a. What levels of treatment are provided? Check all that apply. Advanced Advanced Differ Describe: Advanced Design BOD _g removal ground	Primary Advanced Advanced Sign BOD, removal or Design CBOD, resign SS removal sign N removal sign CBOD sign N removal sign CBOD sign N removal sign CBOD sign N removal sign N removal sign CBOD sign N removal sign CBOD sign N removal sign CBOD sign N removal s	Secondary X Other. Describ	If disinfection varie	85 85	% % % % %	
Advanced Direction of the following removal rates (as applicable): Design BOD, removal grossin CBOD, removal Design SS removal Design P removal Design N removal No CHINGLIANTINI If disinfection is by chlorination, is decthorination used for this outfall? If disinfection varies by season, please describe. CHINGLIANTINI If disinfection is by chlorination, is decthorination used for this outfall? Yes No d. Does the treatment plant have post aeration? Yes No CEffluent Testing Information. All Applicants that discharge to waters of the US must provide effluent testing data for the following parameters. Provide the indicated effluent testing required by the parmitting authority for each outfall through which effluent is discharged. Do not include information on combined sewer overflows in this section. All information myber must be based on dat collected through analysis conductated using 40 CFR Part 135 methods. In addition, this data must compute must be based on dat collected through which affluent testing data must be based on at least three samples and must be no more than four and one-half years apart. Design N removal AVERAGE, DAILY VALUE AVE	Advanced X Other. Describe: Design BOD, removal groupsing CBOD, removal Design BOD, removal groupsing CBOD, removal Design BOD, removal Design Premoval When type of disinfection is used for the effluent from this outfall? If disinfection varies by season, please describe. CHINALATION If disinfection is by chlorination, is dechlorination used for this outfall? If disinfection is by chlorination, is dechlorination used for this outfall? Per Marting Information. All Applicants that discharge to waters of the US must provide effluent testing data for the following parameters. Provide the indicated effluent testing required by the parmitting authority for each outfall through which effluent is discharged. Do not include Information on combined sewer overflows in this section. All Information reported must be based on data discharged. Do not include Information on combined sewer overflows in this section. All Information reported must be based on at least three samples and must be no more than four and one-half years apart. Outfall number: Whatinum	Secondary Advanced X Other, Describe: SARD FITER	Advanced Secondary	Advanced Design BOD, removal grossing applicable): Design BOD, removal grossing CBOD, removal Design P removal Design N removal Other C. What type of disinfection is used for the effluent from this outfall? If disinfection varies by season, please describe. C. HIND, NATION If disinfection is by chlorhation, is decitorination used for this outfall? If disinfection varies by season, please describe. C. HIND, NATION If disinfection is by chlorhation, is decitorination used for this outfall? Yes No Does the treatment plant have post aerasion? Z. Effluent Teeting information. All Applicants that discharge to waters of the US must provide effluent iseting date for the following parameters. Provide the indicated adriend restaining required by the partiting authority for each outfall through which effluent is all safety and the parameters. Provide the indicated adriend restaining required by the partiting authority for each outfall through which effluent is all safety and any accordance during 40 CFR Part 136 and other appropriate QA/CC requirements for standard methods for analysis and addressed by 40 CFR Part 136. A continuent seeling data must be based on at least three samples and must be no more than four and one-half years spart. Doutfall number. D. J. AMAIMUM/DAILY VALUE VAILE VAILE VAILE AVERAGE DAILY VALUE VAILE AVERAGE DAILY VALUE VAILE AVERAGE DAILY VALUE AVERAGE DAIL	Advanced Advanced Diner: Describe: SAND File Design BOD, removal grates (as applicable): Design BOD, removal grates (as applicable): Design BOD, removal grates (as applicable): Design P removal Cither C. What type of disinfection is used for the effluent from this outfall? If disinfection varies by season, place of the plant have post aeration? d. Does the treatment plant have post aeration? Effluent Testing Information. All Applicants that discharge to waters of the US must provide after parameters. Provide the braidisted effluent testing authority for each of the uS must provide after parameters. Provide the uS must provide after para	Advanced Advanced Sign BOD, removal or Design CBOD, resign SS removal sign P removal sign N removal sign	Secondary X Other. Describ	If disinfection varie	85 85	% % % % %	
Design BOD _g removal grates (as applicable): Design BOD _g removal ground ground grates (as applicable): Design BOD _g removal ground groun	Design BOD _s removal gries (as applicable): Design BOD _s removal gries (as applicable): Design SS removal Design P removal Other C. What type of disinfection is used for the effluent from this outfall? If disinfection varies by season, please describe. CHINGLIATION If disinfection is by chlorination, is dechlorination used for this outfall? A Does the treatment plant have post aeration? Design P removal Other C. What type of disinfection is used for the effluent from this outfall? If disinfection is by chlorination, is dechlorination used for this outfall? A Does the treatment plant have post aeration? Design P removal Design P removal A Does the treatment plant have post aeration? Design P removal A Does the treatment plant have post aeration? Design P removal A Does the treatment plant have post aeration? Design P removal A Does the treatment plant have post aeration? Design P removal A Does the treatment plant have post aeration? Design P removal A Does the treatment plant have post aeration? Design P removal A Does the treatment plant have post aeration? Design P removal A Does the treatment plant have post aeration? Design P removal A Does the treatment plant have post aeration? Design P removal A Does the treatment plant have post aeration? A Does the treatment plant have post aeration? Design P removal A Does the treatment plant have post aeration? Design P removal A Does the treatment plant have post aeration? A Does the	Advanced X Other Describe: SARD FITER b. Indicate the following removal rates (as applicable): Design BOD, removal gr Design CBOD, removal Besign SS removal Design SS removal Design N removal Design N removal Other	Design BOD, removal groups and part of the efficient from this outfall? If disinfection varies by season, please describe. Design P removal Design N removal Design N removal Design N removal Design N removal Other C. What type of disinfection is used for the efficient from this outfall? If disinfection varies by season, please describe. CHINALATION If disinfection is by chlorination, is dechlorination used for this outfall? Yes No d. Does the treatment plant have post aeration? Personal Testing information. All Applicants that discharge to waters of the US must provide efficient testing data for the following parameters. Provide the indicated efficient testing required by the parmitting authority for each outfall through which efficient discharges to waters of the US must provide efficient testing data for the following parameters. Provide the indicated efficient testing required by the parmitting authority for each outfall through which efficient and conflicted through analysis conducted using 40 CRP Part 135 methods. In addition, this data must comply with ADAICT requirements 40 CRP Part 136 and other appropriate AUGCR requirements for standard methods for analyses not addressed by 40 CRP Part 136 methods. All information addressed by 40 CRP Part 136. A minimum, efficient testing data must be based on at least three samples and must be no more than four and one-half years apart. Outfall number: SARAMETER MAXIMUMDAILY.VALUE AVERAGE;DAILY.VALUE ANALYTICAL MIL //MOL	Advanced X Other Describe: SAND FITER b. Indicate the following removal rates (as applicable): Design SOD, removal (as applicable): Design SS removal Design SS removal Design N removal Other	Advanced Bosign BoD _g removal green	Advanced Sign BODs removal or Design CBODs resign SS removal sign P removal sign P removal sign N removal	Other. Describ	If disinfection varie	85 85	% % % % %	
b. Indicate the following removal rates (as applicable): Design BOD _s removal ground	b. Indicate the following removal rates (as applicable): Design BOD, removal gr Design CBOD, removal Design SS removal Design P removal Design N removal Other C. What type of disinfaction is used for the effluent from this outfall? If disinfaction varies by season, please describe. CHINGLIATION If disinfaction is by chlorination, is dechlorination used for this outfall? Yes No Does the treatment plant have post aeration? Pas No Design N removal A Does the treatment plant have post aeration? Pas No Design N removal Design N removal A Does the treatment plant have post aeration? Pas No Design N removal A Does the treatment plant have post aeration? Pas No Design N removal Design N removal A Does the treatment plant have post aeration? Pas No Design N removal A Does the treatment plant have post aeration? Pas No Design N removal A Does the treatment plant have post aeration? Pas No Design N removal A Does the treatment plant have post aeration? Pas No No Design N removal A Does the treatment plant have post aeration? No Design N removal A Does the treatment plant have post aeration? No No Design N removal No No No No No No No No No N	b. Indicate the following removal rates (as applicable): Design BOD, removal gr Design CBOD, removal Design SS removal Design P removal Design P removal Design P removal Other C. What type of disinfection is used for the effluent from this outfall? If disinfection varies by season, please describe. CHINGLIATION If disinfection is by chlorination, is dechlorination used for this outfall? Yes No Design I removal All Applicants that discharge to waters of the US must provide effluent testing data for the following parameters. Provide the indicated effluent testing required by the parmitting authority for each outfall through which effluent is discharged. Do not include information on combined sewer overflows in this section. All information reported must be based on dat collected through analysis conducted using 40 CFR Part 135 methods. In addition, this date must conducted using 40 CFR Part 135 methods. In addition, this date must only with QAVEC requirements 40 CFR Part 136 and other appropriate QA/QC requirements for standard methods for analytis not addressed by 40 CFR Part 136. A minimum, effluent testing data must be based on at least three samples and must be no more than four and one-helf years apart. MAXIMUM DAILY. VALUE AVERAGE, DAILY. VALUE Water Water AVERAGE, DAILY. VALUE AVERAGE DAILY. VALUE AVERAGE, DAI	b. Indicate the following removal rates (as applicable): Design BOD, removal ground or Design CBOD, removal Design SS removal Design P removal Design P removal Design P removal Design P removal Design N removal Other C. What type of disinfection is used for the effluent from this outfall? If disinfection varies by season, please describe. CHINGLIATION If disinfection is by chlorination, is dechlorination used for this outfall? If disinfection is by chlorination, is dechlorination used for this outfall? Yes No Design N removal All Applicants that discharge to waters of the US must provide effluent tasting data for the following parameters. Provide the indicated effluent testing required by the parmitting authority for each outfall through which effluent is discharged. Do not include information on combined sewer overflows in this section. All information reported must be based on dat collected through analysis conducted using 40 CFR part 136 methods. In addition, this data must comprise must be based on dat collected through analysis conducted using 40 CFR part 136 methods. In addition, this data must comprise the following parameters for attandard methods for analyses not addressed by 40 CFR Part 136. A minimum, effluent testing data must be based on at least three samples and must be no more than four and one-half years apart. Outfall number. PARAMETER MAXIMUMEDALLY VALUE Value Units: Value Units: Number Of Sample Minimum) O. S. J. U. AVERAGE DALLY VALUE AVERAGE DALLY VALUE Number Of Sample Number Of Sample Number Of Sample AVERAGE DALLY VALUE AVERAGE DALLY VALUE Number Of Sample AVERAGE DALLY VALUE AVERAGE DALLY VALUE AVERAGE DALLY VALUE Number Of Sample AVERAGE DALLY VALUE ANALYTICAL MIL //MDL	Design SOD, removal Design CBOD, removal BSS % Design So removal Design Robot, removal BSS % Design P removal	Design BOD, removal of Design CBOD, removal Design BOD, removal of Design CBOD, removal Design SS removal Design Premoval Other C. What type of disinfection is used for the effluent from this outfall? If disinfection varies by season, place of the premoval of the premoval of the indicated of the premoval of the parameters. Provide the indicated effluent testing required by the permitting authority for each discharge. Do not include information on combined sever overflows in this section. All information on combined sever overflows in this section. All information on combined sever overflows in this section. All information on combined sever overflows in this section. But information on combined sever overflows in this section. But information on combined sever overflows in this section. But information on combined sever overflows in this section. But information on combined sever overflows in this section. But information on combined sever overflows in this section. But information on combined sever overflows in this section. But information on combined sever overflows in this section. But information on the several section of the use of the us	sign BOD, removal or Design CBOD, resign SS removal sign P removal	olicable): emoval	If disinfection varie	85 85	% % % % %	
Design BOD, removal gr Design CBOD, removal Design P removal Design P removal Design P removal Design N removal C. What type of disinfection is used for the effluent from this outfall? If disinfection varies by season, please describe. CHIRLIATION If disinfection is by chlorination, is dechlorination used for this outfall? A coes the treatment plant have post aeration? Per John Coes the treatment plant have post aeration? Effluent Testing information. All Applicants that discharge to waters of the US must provide effluent testing parameters. Provide the indicated effluent testing required by the permitting authority for each outfall through which effluent is discharged to waters of the US must provide effluent testing parameters. Provide the indicated effluent testing required by the permitting authority for each outfall through which effluent is discharged to not include information on combined sever overflows in this section. All information reported must be based on dat collected through analysis conducted using 40 CFR Part 135 methods. In addition, this data must comply with CAVIGE requirements for standard methods for analyses not addressed by 40 CFR Part 136. A complete the indicated through analysis conducted using 40 CFR Part 136 methods. In addition, this data must comply with CAVIGE requirements for standard methods for analyses not addressed by 40 CFR Part 136. More part 136 and other appropriate QAVICE requirements for standard methods for analyses not addressed by 40 CFR Part 136. Outfall number: PARAMETER MAXIMUM DAILY VALUE AVERAGE DAILY VALUE AVE	Design SDD, removal gr Design CBOD, removal Design S removal Design P removal Design P removal Design N removal Other C. What type of disinfection is used for the effluent from this outfall? If disinfection varies by season, please describe. CHIRINATION If disinfection is by chlorination, is dechlorination used for this outfall? A ves No Does the treatment plant have post aeration? Effluent Testing Information. All Applicants that discharge to waters of the US must provide effluent testing data for the following parameters. Provide the indicated effluent testing required by the parmitting authority for each outfall through which effluent is discharged. Do not include Information on combined sewer overflows in this section. All information reported must be based on data collected through analysis conducted using 40 CFR Part 135 methods. In addition, this data must comply with QAJQC requirements 40 CFR Part 136 and other appropriate QAJQC requirements for standard methods for analytes not addressed by 40 CFR Part 136. A michinum, effluent testing data must be based on at least three samples and must be no more than four and one-half years apart. Outfall number: Value:	Design SD removal grown loss of Design CBOD, removal BSS % Design SS removal BSS % Design P removal	Design SS removal Design P removal Design P removal Design P removal Design N removal Design N removal Other C. What type of disinfection is used for the effluent from this outfall? If disinfection varies by season, please describe. CHIRLIATINI If disinfection is by chlorination, is dechtorination used for this outfall? If disinfection is by chlorination, is dechtorination used for this outfall? Yes No Design N removal No Design N removal Other C. What type of disinfection is used for the effluent from this outfall? If disinfection varies by season, please describe. CHIRLIATINI If disinfection is by chlorination, is dechtorination used for this outfall? Yes No Design N removal No Design N removal No Design N removal No Design N removal No No No Design N removal No No No No No No No No No Design N removal No No No No No No No No No N	Design BOD, removal gr Design CBOD, removal Design St removal Design P removal Design P removal Design N removal Design N removal Other What type of disinfection is used for the effluent from this outfell? If disinfection varies by season, please describe. CHINGHATION If disinfection is by chlorination, is dechlorination used for this outfell? If disinfection varies by season, please describe. CHINGHATION If disinfection is by chlorination, is dechlorination used for this outfell? If disinfection is by chlorination, is dechlorination used for this outfell? If disinfection is by chlorination, is dechlorination used for this outfell? If disinfection is by chlorination, is dechlorination used for this outfell? If disinfection is by chlorination are dechlorination or complete the season of the US must provide effluent testing data for the following parameters. Provide the indicated effluent testing required by the permitting authority for each outfell through which efficient is considered through analysis combination of combined and parameters for the US must provide effluent testing data for the following parameters. Provide the indicated effluent testing required by the permitting authority for each outfell through which efficient is considered and the indicated effluent testing data for the following parameters. Provide through analysis combined to a parameter is considered through analysis combined to a parameter is considered through analysis combined to a parameter is considered through analysis combined to a parameter of the US must be provide effluent testing authority for each outfell through which efficient is considered and the parameters for standard methods for analyses not addressed by 40 CFR Part 13, and the parameters of the US must comply data for the following must comply data for the following testing and the following must comply data for the	Design SD removal Design P removal Design P removal Design P removal Design P removal Design N removal Other c. What type of disinfection is used for the effluent from this outfall? If disinfection varies by season, place of the treatment plant have post aeration? Effluent Testing information. All Applicants that discharge to waters of the US must provide eff parameters. Provide the indicated effluent testing required by the permitting authority for each discharged. Do not include information on combined sewer overflows in this section. All informationates are to the collected through analysis conducted using 40 CFR Part 136 mathods. In addition, this data must be conducted using 40 CFR Part 136 mathods. In addition, this data must be remarked to the samples and must be no more the collected through analysis conducted using 40 CFR Part 136 mathods. In addition, this data must be part 136 mathods. In addition, this data must be seed on all least three samples and must be no more the collected through analysis of the part 136 mathods. In addition, this data must be part 136 mathods. In addition, this data must be part 136 mathods. In addition, this data must be part 136 mathods. In addition, this data must be part 136 mathods. In addition, this data must be part 136 mathods. In addition, this data must be part 136 mathods. In addition, this data must be part 136 mathods. In addition, this data must be part 136 mathods. In addition, this data must be part 136 mathods. In addition, this data must be part 136 mathods. In addition, this data must be part 136 mathods. In addition, this data must be part 136 mathods. In addition, this data must be part 136 mathods. In addition, this data must be part 136 mathods. In addition, this data must be part 136 mathods. In addition, the part 136 mathods. In additi	sign BOD, removal or Design CBOD, resign SS removal sign P removal sign P removal sign N removal mer That type of disinfection is used for the efficient type of disinfection is used for the efficient type of disinfection is by chlorination, is dechloring the treatment plant have post aeration at Testing information. All Applicants effers, Provide the indicated effluent type of through analysis conducted using a Part 136 and other appropriate QA/Cum, effluent testing data must be based and the properties of the past	emoval		85	% % %	
Design SS removal Design N removal Design N removal Other C. What type of disinfection is used for the effluent from this outfall? If disinfection varies by season, please describe. CHINGHATIAN If disinfection is by chlorination, is dechlorination used for this outfall? A yes No d. Does the treatment plant have post aeration? Parameters. Provide the indicated effluent stating required by the parmitting authority for each outfall through which effluent is discharged. Do not include information on combined sewer overflows in this section. All information reported must be based on dat collected through analysis conducted using 40 CFR Part 135 methods. In addition, this date must comply with QA/QC requirements for standard methods for analyses not addressed by 40 CFR Part 135. A minimum, effluent testing data must be based on at least three samples and must be no more than four and one-half years apart. Outfall number: PARAMETER MAXIMUM_DA/LY_VALUE Value Units: Value Number of Sample perature (Winter) Parameter of Sample of Comments of Sample perature (Winter) Parameter of Sample of Comments of Sample of Sam	Design SS removal Design N removal Design N removal Other C. What type of disinfection is used for the effluent from this outfall? If disinfection varies by season, please describe. CHINCHATION If disinfection is by chlorination, is dechlorination used for this outfall? A yes No d. Does the treatment plant have post aeration? Leffluent Testing Information. All Applicants that discharge to waters of the US must provide effluent testing data for the following parameters. Provide the indicated effluent testing required by the permitting authority for each outfall through which effluent is discharged. Do not include information on combined sewer overflows in this saction. All Information reported must be based on data collected through analysis conducted using 40 CFR Part 136 matches. In addition, this data must comply with QAIQC requirements for standard methods for analytes not addressed by 40 CFR Part 136. A minimum, effluent testing data must be based on at least three samples and must be no more than four and one-half years apart. Outfall number: PARAMETER MAXIMUM DAILY-VALUE Value: Units: Value: Un	Design SS removal Design P removal Design N removal Cither C. What type of disinfection is used for the effluent from this outfall? If disinfection varies by season, please describe. CHINALIATION If disinfection is by chlorination, is dechlorination used for this outfall? If disinfection is by chlorination, is dechlorination used for this outfall? Ves No Does the treatment plant have post aeration? Pyss No Effluent Testing Information. All Applicants that discharge to waters of the US must provide effluent tasting data for the following parameters. Provide the indicated effluent testing required by the permitting authority for each outfall through which effluent is discharged to waters of the US must provide effluent tasting data for the following parameters. Provide the indicated effluent testing required by the permitting authority for each outfall impush which effluent is described. All information reported must be based on at collected through analysis conducted using 40 CFR Part 135 methods. In addition, this data must comply with QAQC requirements for standard methods for analyses not addressed by 40 CFR Part 136. A minimum, effluent testing data must be based on at least three samples and must be no more than four and one-half years apart. Outfall number: Described Parameter Maximum Dalty VALUE Value Value Value Value Number CISample Minimum AVERAGE DAILYVALUE AVERAGE DAILYVALUE Number CISample Value Number CISample AVERAGE DAILYVALUE AVERAGE DAILYVALUE Number CISAMPLE CI	Design SS removal Design P removal Design N removal Other C. What type of disinfection is used for the effluent from this outfall? If disinfection varies by season, please describe. CHINDLATION If disinfection is by chlorination, is dechlorination used for this outfall? A Does the treatment plant have post aeration? Parameters. Provide the indicated effluent teating required by the parmitting authority for each outfall through which effluent is discharge to waters of the US must provide effluent testing data for the following parameters. Provide the indicated effluent teating required by the parmitting authority for each outfall through which effluent is discharged to not include information on combined sever overflows in this section. All information reported must be based on dat collected through analysis conducted using 40 CFR Part 136 methods. In addition, this data must comply with OA/OC requirements for standard methods for analyses not addressed by 40 CFR Part 136. A minimum, effluent testing data must be based on at least three samples and must be no more than four and one-half years apart. Outfall number: PARAMETER MAXIMUM.DAILY.VALUE Value Units: Value Value Value NumberoffSample Maximum) 7. 4 5. U Maximum) A VERAGE DAILY.VALUE A VERAGE DAILY.VALUE A VALUE NumberoffSample MAXIMUM DAILY.VALUE A VERAGE DAILY.VALUE A NaLYTICAL MAXIMUM DAILY A VERAGE DAILY DISCHARGE ANALYTICAL MIL / MDL	Design SS removal Design No removal Design No removal Other C What type of disinfection is used for the effluent from this outfall? If disinfection varies by season, please describe. LHINGLIATION If disinfection is by chlorination, is dechlorination used for this outfall? If disinfection is by chlorination, is dechlorination used for this outfall? A yes No Design No removal C What type of disinfection is used for the effluent from this outfall? If disinfection is by chlorination, is dechlorination used for this outfall? A yes No Design No removal No No Design No removal No No Design No removal No No No Design No removal No No Design No removal No No No Design No removal No No No No No No Design No removal No No No No Design No removal No No No No Design No No No No No Design No	Design SS removal Design P removal Design N removal Other C. What type of disinfection is used for the effluent from this outfall? If disinfection varies by season, ple CHARLATION If disinfection is by chlorination, is dechlorination used for this outfall? d. Does the treatment plant have post aerstion? Effluent Testing information. All Applicants that discharge to waters of the US must provide eff parameters. Provide the indicated effluent testing required by the permitting authority for each discharged. Do not include information on combined sewer overflows in this section. All inform collected through analysis conducted using 40 CFR Part 136 methods. In addition, this data must 00 CFR Part 136 and other appropriate QA/QC requirements for standard methods for analyses reminimum, effluent testing data must be based on at least three samples and must be no more the conducted using data must be based on at least three samples and must be no more the conduction of	sign SS removal sign P removal sign N removal sign			85	% % %	
Design P removal Design N removal Other C. What type of disinfection is used for the effluent from this outfall? If disinfection varies by season, please describe. CHINCHATION If disinfection is by chlorination, is dechlorination used for this outfall? If disinfection is by chlorination, is dechlorination used for this outfall? A possible treatment plant have post aeration? Leffluent Testing Information. All Applicants that discharge to waters of the US must provide effluent testing data for the following parameters. Provide the indicated effluent testing required by the permitting authority for each outfall through which effluent is discharged. Do not include information on combined sewer overflows in this section. All information reported must be based on dat collected through analysis conducted using 40 CFR Part 135 methods. In addition, this data must compty with QA/QC requirements for standard methods for analysis not addressed by 40 CFR Part 135. A minimum, effluent testing data must be based on at least three samples and must be no more than four and one-half years apart. Outfall number: AVERAGE DAILY VALUE; Value: Units: Value:	Design P removal Design N removal Other C. What type of disinfection is used for the effluent from this outfall? If disinfection varies by season, please describe. CHINCHATION If disinfection is by chlorination, is dechlorination used for this outfall? A Does the treatment plant have post aeration? Effluent Testing information. All Applicants that discharge to waters of the US must provide effluent testing data for the following parameters. Provide the indicated effluent testing required by the permitting authority for each outfall through which effluent is discharged. Do not include information on combined sever overflows in this section. All information reported must be based on data collected through analysis conducted using 40 CFR Part 136 reported must be based on at least three samples and must be no more than four and one-half years apart. Outfall number: DAS MAXIMUM DAILY VALUE Value: Units:	Design SS removal Design N removal Design N removal Other C. Whell type of disinfection is used for the effluent from this outfall? If disinfection varies by season, please describe. CHINGLATION If disinfection is by chlorination, is dechlorination used for this outfall? A yes No d. Does the treatment plant have post aeration? Effluent Testing Information. All Applicants that discharge to waters of the US must provide effluent testing data for the following parameters. Provide the indicated effluent testing required by the permitting authority for each outfall through which effluent is discharged. Do not include information on combined sewer overflows in this section. All information reported must be based on dat collected through analysis conducted using 40 CFR Part 135 methods. In addition, this data comply with QA/QC requirements 40 CFR Part 136 and other appropriate QA/QC requirements for standard methods for analytes not addressed by 40 CFR Part 135. A minimum, effluent testing data must be based on at least three samples and must be no more than four and one-half years apart. Outfall number: AVERAGE DAILY VALUE: Value: Units: V	Design N removal Design N removal Design N removal Other C. Whet type of disinfection is used for the effluent from this outfall? If disinfection varies by season, please describe. CHIRLATING If disinfection is by chlorination, is dechlorination used for this outfall? If disinfection is by chlorination, is dechlorination used for this outfall? A yes No Design N removal C. Whet type of disinfection is used for the effluent from this outfall? If disinfection varies by season, please describe. CHIRLATING If disinfection is by chlorination, is dechlorination used for this outfall? Yes No L. Effluent Testing Information. All Applicants that discharge to waters of the US must provide effluent testing data for the following parameters. Provide the indicated effluent testing required by the permitting authority for each outfall through which effluent is discharged. Do not include information on combined sewer overflows in this section. All information reported must be based on dat collected through analysis conducted using 40 CFR Part 135 methods. In addition, this data must comply with QA/QC requirements for standard methods for analytes not addressed by 40 CFR Part 136. A minimum, effluent testing data must be based on at least three samples and must be no more than four and one-half years apart. Outfall number: PARAMETER MAXIMUM DAILY VALUE AVERAGE DAILY VALUE; Number Of Samples Naximum AVERAGE DAILY VALUE; Number Of Samples POLILITANT MAXIMUM DAILY AVERAGE BAILY DISCHARGE ANALYTICAL MIL / MDL	Design P removal Design P removal Design P removal Other	Design SS removal Design P removal Design N removal Other C. What type of disinfection is used for the effluent from this outfall? If disinfection varies by season, ple CHING MATINED If disinfection is by chlorination, is dechlorination used for this outfall? If disinfection is by chlorination, is dechlorination used for this outfall? If disinfection is by chlorination, is dechlorination used for this outfall? If disinfection is by chlorination, is dechlorination used for this outfall? If disinfection is by chlorination, and an erabon? Effluent Testing Information. All Applicants that discharge to waters of the US must provide eff parameters. Provide the indicated effluent testing required by the permitting authority for each discharged. Do not include Information on combined sewer overflows in this section. All information collected through analysis conducted using 40 CFR Part 136 and other appropriate QA/QC requirements for standard methods for analytes reminimum, effluent testing data must be besed on at least three samples and must be no more the formation. Outfall number: PARAMETER MAXIMUM DAILY VALUE Advisor Avalue:	sign SS removal sign P removal sign N removal sign				% %	
Design P removal Design N removal Other C. What type of disinfection is used for the effluent from this outfall? If disinfection varies by season, please describe. CHINGINATIMI If disinfection is by chlorination, is dechlorination used for this outfall? A Does the treatment plant have post aeration? Effluent Testing information. All Applicants that discharge to waters of the US must provide effluent testing data for the following parameters. Provide the indicated effluent testing required by the permitting authority for each outfall through which effluent is discharged. Do not include information on combined sewer overflows in this section. All information reported must be based on dat collected through analysis conducted using 40 CFR Part 135 methods. In addition, this data must comply with DA/ICZ requirements 40 CFR Part 136 and other appropriate QA/ICC requirements for standard methods for analytes not addressed by 40 CFR Part 136. A minimum, effluent testing data must be based on at least three samples and must be no more than four and one-half years apart. Outfall number: Water Unite: Value: V	Design P removal Design N removal Other C. What type of disinfection is used for the effluent from this outfall? If disinfection varies by season, please describe. CHINALIATION If disinfection is by chlorination, is dechlorination used for this outfall? A yes No Design N removal C. What type of disinfection is used for the effluent from this outfall? If disinfection varies by season, please describe. CHINALIATION If disinfection is by chlorination, is dechlorination used for this outfall? Yes No Describe treatment plant have post aeration? Persuments - Provide the indicated effluent testing required by the permitting authority for each outfall through which effluent is discharged. Do not include information on combined sewer overflows in this section. All information reported must be based on dat collected through analysis conducted using 40 CFR Part 135 methods. In addition, this data must comply with QA/QC requirements for standard methods for analysis not addressed by 40 CFR Part 136. A minimum, effluent testing data must be based on at least three samples and must be no more than four and one-half years apart. Outfall number: PARAMETER MAXIMUM DAILY VALUE Value Units: Value Un	Design P removal Design N removal Other C. What type of disinfection is used for the effluent from this outfall? If disinfection varies by season, please describe. CHINALATION If disinfection is by chlorination, is dechlorination used for this outfall? A yes No d. Does the treatment plant have post aeration? Effluent Testing Information. All Applicants that discharge to waters of the US must provide effluent testing data for the following parameters. Provide the indicated effluent testing required by the parmitting authority for each outfall through which effluent is discharged. Do not include information on combined sewer overflows in this section. All information reported must be based on dat collected through analysis conducted using 40 CFR part 135 methods. In addition, this data must comply with QA/QC requirements for standard methods for analysis not addressed by 40 CFR part 135. A minimum, effluent testing data must be based on at least three samples and must be no more than four and one-half years apart. Outfall number: Outfall number: Value: Units: Value: Value: Units: Value: Value:	Design P removal Design N removal Other C. What type of disinfection is used for the effluent from this outfall? If disinfection varies by season, please describe. CHINCHATION If disinfection is by chlorination, is dechlorination used for this outfall? A cost the treatment plant have post aeration? Effluent Testing Information. All Applicants that discharge to waters of the US must provide effluent testing data for the following parameters. Provide the hadicated effluent testing required by the parmitting authority for each outfall through which effluent is discharged. Do not include information on combined sewer overflows in this section. All information reported must be based on dat collected through analysis conducted using 40 CFR part 136 methods. In addition, this data must comply with QA/QC requirements for standard methods for analysis not addressed by 40 CFR part 136. A minimum, effluent testing data must be based on at least three samples and must be no more than four and one-half years apart. Outfall number: Value: Val	Design P removal Design N removal Cher C. What type of disinfection is used for the effluent from this outfall? If disinfection varies by season, please describe. CHINK HATIAN If disinfection is by chlorination, is dechlorination used for this outfall? If disinfection varies by season, please describe. CHINK HATIAN If disinfection is by chlorination, is dechlorination used for this outfall? If disinfection is by chlorination, is dechlorination used for this outfall? If disinfection is by chlorination. All Applicants that discharge to waters of the US must provide effluent teating data for the following parameters. Provides the indicated effluent teating required by the parmitting authority for each suffall through which affects in the discharge of the US must provide effluent teating data for the following parameters. Provides the indicated effluent teating required by the parmitting authority for each suffall through which affects in the discharge of the US must provide effluent teating data for the following parameters. Provide the indicated effluent teating data for the following discharged by the parmitting authority for each suffall through which affects in the discharge for the following discharged by the parmitting authority for each suffall through which affects in the complex of the parmitting authority for each suffall through which affects of the discharged for the following discharged by the parmitting authority for each suffall through which affects of the discharge for suffall through which affects of the discharged for the following discharged for the following discharged for the following discharged for the following for the followi	Design P removal Design N removal Other C. What type of disinfection is used for the effluent from this outfall? If disinfection varies by season, ple C. HINCLATION If disinfection is by chlorination, is dechlorination used for this outfall? d. Does the treatment plant have post aeration? Effluent Testing Information. All Applicants that discharge to waters of the US must provide effi parameters. Provide the indicate offluent testing required by the permitting authority for each offscharge. Do not include information on combined sewer overflows in this eaten must collected through analysis conducted using 40 CFR part 136 methods. In addition, this date must collected through analysis conducted using 40 CFR part 136 methods. In addition, this date must make a paperplate QA/QC requirements for standard methods for analystes a minimum, effluent testing date must be based on at least three samples and must be no more the Quitall number: Outfall number: PARAMETER MAXIMUM DAILY VALUE	sign P removal sign N removal her The type of disinfection is used for the efficient type of disinfection is used for the efficient type of disinfection is by chlorination, is dechloring the treatment plant have post aeration at Testing information. All Applicants eters. Provide the indicated efficient tread. Do not include information on the district of the trough analysis conducted using a Part 136 and other appropriate QAIC atm, effluent testing data must be based in the property of the provided in th	uent from this outfall? If			% %	
Other	Other C. What type of disinfection is used for the effluent from this outfall? If disinfection varies by season, please describe. CHINCLIATINE If disinfection is by chlorination, is dechlorination used for this outfall? A yes No d. Does the treatment plant have post aeration? Personal Provide the indicated effluent testing required by the parmitting authority for each outfall through which effluent is discharge. Do not include information on combined sewer overflows in this section. All information reported must be based on dat collected through analysis conducted using 40 CFR Part 135 methods. In addition, this date must comply with QAIQC requirements of standard methods for analytes not addressed by 40 CFR Part 135. A minimum, effluent testing data must be based on at least three samples and must be no more than four and one-half years apart. Outfall number: PARAMETER MAXIMUM DAILY VALUE Value Units: Value Units: Value Units: Value Units: Value Units: AVERAGE DAILY VALUE AVERAGE DAILY VALUE AVERAGE DAILY VALUE Value Units: Valu	Other	Other C. What type of disinfection is used for the effluent from this outfall? If disinfection varies by season, please describe. CHINCHATINI) If disinfection is by chlorination, is dechlorination used for this outfall? A Does the treatment plant have post aeration? Effluent Testing Information. All Applicants that discharge to waters of the US must provide effluent testing data for the following parameters. Provide the indicated effluent testing required by the permitting authority for each outfall through which effluent is discharged. Do not Include Information on combined sewer overflows in this section. All information reported must be based on dat collected through analysis conducted using 40 CFR Part 135 methods. In addition, this data must comply with QA/QC requirements 40 CFR Part 136. A minimum, effluent testing data must be based on at least three samples and must be no more than four and one-half years apart. Outfall number: WAXIMUM DAILY VALUE AVERAGE DAILY VALU	Design N ramoval Cher C What type of disinfection is used for the effluent from this outfall? If disinfection varies by season, please describe. CHINKINATION It disinfection is by chlorination, is dechlorination used for this outfall? A. Does the treatment plant have post aeration? Yes No 2. Effluent Testing Information. All Applicants that discharge to waters of the US must provide effluent testing data for the following parameters. Provide the indicated effluent testing required by the permitting authority for each outfall through which effluent is discharged. Do not include information on combined sewer overflows in this section. All information reported must be based on at elected through analysis conducted using 40 CFR part 136 and other appropriate QA/QC requirements for standard methods for analytes not addressed by 40 CFR part 136. A minimum, effluent testing data must be based on at least three samples and must be no more than four and one-half years apart. Outfall number. Outfall number. PARAMETER MAXIMUM DAILY VALUE Value PARAMETER MAXIMUM DAILY VALUE Value POLIUTANT NO REPART 10 CO.O. MACD 53 PRETURE (Winter) POLIUTANT NO REVENTIONAL AND NONCONVENTIONAL COMPOUNDS. ENTITIONAL AND NONCONVENTIONAL COMPOUNDS. ENDOWERS SELECTORY SELECTORY OF PART A.	Design N removal Other C. What type of disinfection is used for the effluent from this outfall? If disinfection varies by season, ple CHINGINATIME If disinfection is by chlorination, is dechlorination used for this outfall? d. Does the treatment plant have post aeration? Effluent Testing Information. All Applicants that discharge to waters of the US must provide eff parameters. Provide the indicated effluent testing required by the permitting authority for each discharged. Do not include information on combined sever overflows in this section. All information collected through analysis conducted using 40 CFR Part 135 methods. In addition, this date must Q1 CFR Part 135 and other appropriate QA/QC requirements for standard methods for analytes or minimum, effluent testing data must be based on at least three samples and must be no more the outfall number. DISTANCE White: Wellue: Walve: Wa	sign N removal The stripe of disinfection is used for the efficient type of disinfection is used for the efficient type of disinfection is by chlorination, is dechloring the streament plant have post aeration at Testing Information. All Applicants eters. Provide the indicated efficient traged. Do not include information on ed through analysis conducted using a Part 136 and other appropriate QA/Cum, efficient testing data must be based included. PARAMETER Winter) Summer) I please report a minimum and a maximum please	uent from this outfall? If		as by season, plea	% %	
C. What type of disinfection is used for the effluent from this outfall? If disinfection varies by season, please describe. CHINGINATION If disinfection is by chlorination, is dechlorination used for this outfall? Yes No d. Does the treatment plant have post aeration? Pass No 2. Effluent Testing Information. All Applicants that discharge to waters of the US must provide effluent testing data for the following parameters. Provide the indicated effluent testing required by the permitting authority for each outfall through which effluent is discharged. Do not Include Information on combined sewer overflows in this section. All Information reported must be based on dat collected through analysis conducted using 40 CFR Part 136 methods. In addition, this data must comply with QA/QC requirements 40 CFR Part 136 and other appropriate QA/QC requirements for standard methods for analytes not addressed by 40 CFR Part 136. A minimum, effluent testing data must be based on at least three samples and must be no more than four and one-half years apart. Outfall number: WAXIMUM-DAILY-VALUE Value WARAGE DAILY-VALUE Value WARAGE DAILY-VALUE Value WARAGE DAILY-VALUE AVERAGE DAILY-VALUE Value WARAGE DAILY-VALUE Value Number of Samples Minimum) 7.4 s.u. WARAGE DAILY-VALUE Value WARAGE DAILY-VALUE Value Number of Samples Minimum) 7.4 s.u. WARAGE DAILY-VALUE Value Valu	C. What type of disinfection is used for the effluent from this outfall? If disinfection varies by season, please describe. CHIRLHATION If disinfection is by chlorination, is dechlorination used for this outfall? A. Does the treatment plant have post aeration? Pas No C. Effluent Testing Information. All Applicants that discharge to waters of the US must provide effluent testing data for the following parameters. Provide the indicated effluent testing required by the permitting authority for each outfall through which affluent is discharged. Do not Include Information on combined sewer overflows in this section. All information reported must be based on dat collected through analysis conducted using 40 CFR Part 135 methods. In addition, this data must comply with QA/QC requirements 40 CFR Part 136 and other appropriate QA/QC requirements for standard methods for analytes not addressed by 40 CFR Part 136. A minimum, effluent testing data must be based on at least three samples and must be no more than four and one-half years apart. Outfall number: Outfall number: Value Waximum 7.4 s.u. Value Waximum 7.5 s.u. Value Waximum 7.4 s.u. Value Waximum 7.4 s.u. Value Waximum 7.5 s.u. Value Waximum 7.7 s.c. Value Waximum 7.4 s.u. Value Waximum 7.5 s.u. Value Waximum 7.5 s.u. Value Waximum 7.7 s.u.	C. What type of disinfection is used for the effluent from this outfall? If disinfection varies by season, please describe. CHICRIMATINE If disinfection is by chlorination, is dechlorination used for this outfall? A Does the treatment plant have post aeration? Effluent Testing Information. All Applicants that discharge to waters of the US must provide effluent testing data for the following parameters. Provide the indicated effluent testing required by the permitting authority for each outfall through which effluent is discharge. Do not Include Information on combined sewer overflows in this section. All information reported must be based on dat collected through analysis conducted using 40 CFR Part 136 methods. In addition, this data must comply with QA/QC requirements 40 CFR Part 136 and other appropriate QA/QC requirements for standard methods for analysis and addressed by 40 CFR Part 136. A minimum, effluent testing data must be based on at least three samples and must be no more than four and one-half years apart. Outfall number: Value: Value	C. What type of disinfection is used for the effluent from this outfall? If disinfection varies by season, please describe. CHICRINATION If disinfection is by chlorination, is dechlorination used for this outfall? Yes No d. Does the treatment plant have post aeration? Effluent Testing Information. All Applicants that discharge to waters of the US must provide effluent testing data for the following parameters. Provide the indicated effluent testing required by the permitting authority for each outfall through which effluent is discharge. Do not include information on combined sewer overflows in this section. All information reported must be based on dat collected through analysis conducted using 40 CFR Part 135 methods. In addition, this data must comply with QA/QC requirements for standard methods for analytes not addressed by 40 CFR Part 136. A minimum, effluent testing data must be based on at least three samples and must be no more than four and one-half years apart. Outfall number: PARAMETER MAXIMUM DAILY VALUE Value Waximum) 7.4 s.u. PARAMETER MAXIMUM DAILY VALUE Value Waximum) 7.4 s.u. POILUTANT MAXIMUM DAILY VALUE AVERAGE DAILY VALUE For the please report a minimum and a maximum daily value MAXIMUM DAILY: AVERAGE DAILY DISCHARGE ANALYTICAL MIL / MDL MAXIMUM DAILY: AVERAGE DAILY DISCHARGE ANALYTICAL MIL / MDL	C. What type of disinfection is used for the effluent from this outfall? If disinfection varies by season, please describe. CHINALIATION If disinfection is by chlorination, is dechlorination used for this outfall? If disinfection is by chlorination, is dechlorination used for this outfall? A. Does the treatment plant have post aeration? Yes No D. Does the treatment plant have post aeration? Yes No C. Effluent Testing information. All Applicants that discharge to waters of the US must provide effluent testing data for the following parameters. Provide the indicated effluent testing required by the permitting authority for each outfall through which affluent is discharged. Do not include information on combined sewer overflows in this section. All information reported must be based on data discharged. Do not include information on combined sewer overflows in this section. All information reported must be based on data discharged to a standard methods for analytes not addressed by 40 CFR Part 136. If the provide many to the following parameters of the US must provide effluent testing data for the following parameters and the following parameters and the provide effluent testing data for the following parameters and the following parameters and the following parameters of the US must provide effluent testing data for the following parameters and the following parameters of the US must provide effluent testing data for the following parameters of the following parameters of the US must provide effluent testing data for the following parameters of the following parameters of the US must provide effluent testing data for the following parameters of the US must provide effluent testing data for the following parameters of the US must provide effluent testing data for the following parameters of the US must provide effluent testing data for the following	C. What type of disinfection is used for the effluent from this outfall? If disinfection varies by season, place of the Control of the Contro	net type of disinfection is used for the efficient type of disinfection is used for the efficient type of disinfection is used for the efficient type of the treatment plant have post aeration at Testing Information. All Applicants effers. Provide the indicated effluent type of through analysis conducted using a Part 136 and other appropriate QA/Com, effluent testing data must be based and the properties of the part of the	uent from this outfall? If		es by season, plea	%	
C. What type of disinfection is used for the effluent from this outfall? If disinfection varies by season, please describe. CHIRLIATION If disinfection is by chlorination, is dechlorination used for this outfall? A Yes No Does the treatment plant have post aeration? Yes No C. Effluent Testing Information. All Applicants that discharge to waters of the US must provide effluent testing data for the following parameters. Provide the indicated effluent testing required by the parmitting authority for each outfall through which effluent is discharged. Do not include information on combined sever overflows in this section. All information reported must be based on dat collected through analysis conducted using 40 CFR Part 135 methods. In addition, this data must comply with QA/QC requirements 40 CFR Part 136 and other appropriate QA/QC requirements for standard methods for analytes not addressed by 40 CFR Part 136. A minimum, effluent testing data must be based on at least three samples and must be no more than four and one-half years apart. Outfall number: Value: Value: Value: Value: Value: Number of Sample Minimum) 6.5 s.u. Value: Value: Value: Value: Number of Sample Minimum) 7.4 s.u. Value: Value: Value: Sample Minimum) Figure (Winler) 8 C 7 8 C 5 Decreture (Winler) For phi please report a minimum and a maximum daily value	C. What type of disinfection is used for the effluent from this outfall? If disinfection varies by season, please describe. C. HINRINATION If disinfection is by chlorination, is dechlorination used for this outfall? A. Does the treatment plant have post aeration? Per No 2. Effluent Testing Information. All Applicants that discharge to waters of the US must provide effluent testing data for the following parameters. Provide the indicated effluent testing required by the permitting authority for each outfall through which effluent is discharged. Do not include information on combined sewer overflows in this section. All information reported must be based on dat collected through analysis conducted using 40 CFR Part 135 methods. In addition, this data must comply with QAIQC requirements 40 CFR Part 136 and other appropriate QAIQC requirements for standard methods for analytes not addressed by 40 CFR Part 136. A minimum, effluent testing data must be based on at least three samples and must be no more than four and one-half years apart. Outfall number: WAXIMUMDAILY-VALUE Value: Unite: Value: Va	C. What type of disinfection is used for the effluent from this outfall? If disinfection varies by season, please describe. C. HINRINATION If disinfection is by chlorination, is dechlorination used for this outfall? A. Does the treatment plant have post aeration? Effluent Testing Information. All Applicants that discharge to waters of the US must provide effluent testing data for the following parameters. Provide the indicated effluent testing required by the permitting authority for each outfall through which effluent is discharged. Do not include information on combined sewer overflows in this section. All information reported must be based on dat collected through analysis conducted using 40 CFR Part 135 methods. In addition, this date must comply with QA/QC requirements for standard methods for analyses not addressed by 40 CFR Part 136. A minimum, effluent testing data must be based on at least three samples and must be no more than four and one-half years apart. Outfall number: PARAMETER MAXIMUM-DAILY VALUE AVERAGE DAILY VALUE AV	C. What type of disinfection is used for the effluent from this outfall? If disinfection varies by season, please describe. C. HINRINATION If disinfection is by chlorination, is dechlorination used for this outfall? A. Does the treatment plant have post aeration? C. Effluent Testing Information. All Applicants that discharge to waters of the US must provide effluent testing data for the following parameters. Provide the indicated effluent testing required by the permitting authority for each outfall through which effluent is discharged. Do not include information on combined sewer overflows in this section. All information reported must be based on dat collected through analysis conducted using 40 CFR Part 135 methods. In addition, this data must comply with QA/QC requirements of a standard methods for enalytes not addressed by 40 CFR Part 136. A minimum, effluent testing data must be based on at least three samples and must be no more than four and one-half years apart. Outfall number: Outfall number: Value: Units: Number of Sample Waximum) 7.4 s.u. Value: Units: Number of Sample Maximum) 7.4 s.u. PARAMETER MAXIMUM DAILY: VALUE AVERAGE DAILY VALUE: For phi please report a minimum and a maximum daily value PDLLUTANT MAXIMUM DAILY: AVERAGE DAILY TORK MALYTICAL MIL / MDL	C. What type of disinfection is used for the effluent from this outfall? If disinfection varies by season, please describe. CHINKLATION If disinfection is by chlorination, is dechorination used for this outfall? A. Yes No d. Does the treatment plant have post aeroton? Effluent Testing Information. All Applicants that discharge to waters of the US must provide effluent testing data for the following parameters. Provide the indicated effluent testing required by the parmitting authority for each outfall through which affluent is discharged. Do not include Information on combined sewer overflows in this section. All information reported must be based on at collected through analysis conducted using 40 CFR part 135 methods. In addition, this data must combine to be decided of the part 136 and other appropriate QA/QC requirements for standard methods for analyses not addressed by 40 CFR Part 135. A minimum, effluent testing data must be based on at least three samples and must be no more than four and one-half years apair. Outfall number: Obl PARAMETER MAXIMUM.DAILY.VALUE Value Units Value Units AVERAGE DAILY.VALUE Value Units Number of Samples WALTICAL MALTICAL	C. What type of disinfection is used for the effluent from this outfall? If disinfection varies by season, place of the C. H.	inst type of disinfection is used for the efficient type of disinfection is used for the efficient type of the treatment plant have post aeration at Testing Information. All Applicants eters. Provide the indicated effluent typed. Do not include information on edithrough analysis conducted using a Part 136 and other appropriate QA/C arm, effluent testing data must be based in the property of the plant type	luent from this outfall? If		es by season, plea		
If disinfection is by chlorination, is dechlorination used for this outfall? d. Does the treatment plant have post aeration? 2. Effluent Testing Information. All Applicants that discharge to waters of the US must provide effluent testing data for the following parameters. Provide the indicated effluent testing required by the permitting authority for each outfall through which effluent is discharged. Do not include information on combined sewer overflows in this section. All information reported must be based on dat collected through analysis conducted using 40 CFR Part 135 methods. In addition, this data must comply with QA/QC requirements of the complex of an analysis not addressed by 40 CFR Part 135. A minimum, effluent testing data must be based on at least three samples and must be no more than four and one-half years apart. Outfall number: Outfall number: Value	If disinfection is by chlorination, is dechlorination used for this outfall? d. Does the treatment plant have post aeration? Effluent Testing Information. All Applicants that discharge to waters of the US must provide effluent testing data for the following parameters. Provide the indicated effluent testing required by the permitting authority for each outfall through which effluent is discharged. Do not include information on combined sewer overflows in this section. All information reported must be based on dat collected through analysis conducted using 40 CFR Part 135 methods. In addition, this data must comply with QA/QC requirements 40 CFR Part 136 and other appropriate QA/QC requirements for standard methods for analytes not addressed by 40 CFR Part 136. A minimum, effluent testing data must be based on at least three samples and must be no more than four and one-half years apart. Outfall number: PARAMETER MAXIMUM-DAILY VALUE Value White: White: Water Schality Value White: Value White: Value White: Number of Samples Maximum 7.4 S.u. Maximum 7.4 S.u. 7.4 S.u. Parature (Winter) Parature (Winter) For pH please report a minimum and a maximum daily value	If disinfection is by chlorination, is dechlorination used for this outfall? d. Does the treatment plant have post aeration? Effluent Testing Information. All Applicants that discharge to waters of the US must provide effluent testing data for the following parameters. Provide the indicated effluent testing required by the permitting authority for each outfall through which effluent is discharged. Do not include information on combined sewer overflows in this section. All information reported must be based on dat collected through analysis conducted using 40 CFR part 136 methods. In addition, it is data must comply with QA/QC requirements 40 CFR part 136 and other appropriate QA/QC requirements for standard methods for analytes not addressed by 40 CFR part 136. A minimum, effluent testing data must be based on at least three samples and must be no more than four and one-half years apart. Outfall number: Definition WAXIMUM DAILY VALUE Value Units Value Units AVERAGE DAILY VALUE Number of Sample Value Units Value Waximum 7.4 s.u. MAXIMUM DAILY VALUE AVERAGE DAILY VALUE	If disinfection is by chlorination, is dechlorination used for this outfall? d. Does the treatment plant have post aeration? Effluent Testing Information. All Applicants that discharge to waters of the US must provide effluent testing data for the following parameters. Provide the indicated effluent testing required by the permitting authority for each outfall through which effluent is discharged. Do not include information on combined sewer overflows in this section. All information reported must be based on data collected through analysis conducted using 40 CFR part 135 methods. In addition, this data must comply with QAIQC requirements 40 CFR part 136 and other appropriate QAIQC requirements for standard methods for analytes not addressed by 40 CFR Part 136. A minimum, effluent testing data must be based on at least three samples and must be no more than four and one-half years apart. Outfall number: Value	It disintection is by chlorination, is dechlorination used for this outfall? d. Does the treatment plant have post aeration? d. Does the treatment plant have post aeration? Effluent Testing Information. All Applicants that discharge to waters of the US must provide effluent testing data for the following parameters. Provide the indicated effluent testing required by the parmitting authority for each outfall through which effluent is discharged. Do not include information on combined sewer overflows in this section. All information reported must be based on decilected through analysis conducted using 40 CFR part 136 methods. In addition, this data must comply with QADC requirements 40 CFR part 136 and other appropriate QA/QC requirements for standard methods for analyses not addressed by 40 CFR part 136. Aminimum, effluent testing data must be based on at least three samples and must be no more than four and one-half years apart. Outfall number: PARAMETER MAXIMUMDAILY VALUE AVERAGE DAILY VALUE AVERAGE DAILY VALUE Value Units: Value Val	## Conc. Con	isinfection is by chlorination, is dechloring the treatment plant have post aeration in Testing Information. All Applicants esters. Provide the indicated effluent to gred. Do not include information on the distriction of the proof of the p	luent from this outfall? If		es by season, ple:	ase describe.	
If disinfection is by chlorination, is dechlorination used for this outfall? d. Does the treatment plant have post aeration? 2. Effluent Testing information. All Applicants that discharge to waters of the US must provide effluent testing data for the following parameters. Provide the indicated effluent testing required by the permitting authority for each outfall through which effluent is discharged. Do not include information on combined sewer overflows in this section. All information reported must be based on dat collected through analysis conducted using 40 CFR Part 135 methods. In addition, this data must comply with QAIQC requirements 40 CFR Part 136 in the section of the appropriate QAIQC requirements for standard methods for analytes not addressed by 40 CFR Part 136. A minimum, effluent testing data must be based on at least three samples and must be no more than four and one-half years apart. Outfall number: Value	If disinfection is by chlorination, is dechlorination used for this outfall? d. Does the treatment plant have post aeration? 2. Effluent Testing Information. All Applicants that discharge to waters of the US must provide effluent testing data for the following parameters. Provide the indicated effluent testing required by the permitting authority for each outfall through which effluent is discharged. Do not include information on combined sewer overflows in this section. All information reported must be based on dat collected through analysis conducted using 40 CFR Part 135 methods. In addition, this data must comply with QA/QC requirements 40 CFR Part 136 and other appropriate QA/QC requirements for standard methods for analytes not addressed by 40 CFR Part 136. A minimum, effluent testing data must be based on at least three samples and must be no more than four and one-half years apart. Outfall number: PARAMETER: MAXIMUM-DAILY-VALUE AVERAGE DAILY-VALUE Value: Units: Value: Value	If disinfection is by chlorination, is dechlorination used for this outfall? d. Does the treatment plant have post aeration? Effluent Testing information. All Applicants that discharge to waters of the US must provide effluent testing data for the following parameters. Provide the indicated effluent testing required by the permitting authority for each outfall through which effluent is discharged. Do not include information on combined sewer overflows in this section. All information reported must be based on dat collected through analysis conducted using 40 CFR Part 135 methods. In addition, this data must comply with QA/QC requirements for standard methods for analytes not addressed by 40 CFR Part 136. A minimum, effluent testing data must be based on at least three samples and must be no more than four and one-half years apart. Outfall number: Value	If disinfection is by chlorination, is dechlorination used for this outfall? d. Does the treatment plant have post aeration? Effluent Testing information. All Applicants that discharge to waters of the US must provide effluent testing data for the following parameters. Provide the indicated effluent testing required by the permitting authority for each outfall through which effluent is discharged. Do not include information on combined sewer overflows in this section. All information reported must be based on dat collected through analysis conducted using 40 CFR Part 135 methods. In addition, this data must comply with QA/QC requirements for standard methods for analytes not addressed by 40 CFR Part 136. A minimum, effluent testing data must be based on at least three samples and must be no more than four and one-half years apart. Outfall number: PARAMETER WAXIMUM DAILY VALUE Value: Units: Value: Units: Value:	If disinfection is by chlorination, is dechlorination used for this outfall? d. Does the treatment plant have post aeration? d. Does the treatment plant have post aeration? Effluent Testing Information. All Applicants that discharge to waters of the US must provide effluent testing data for the following parameters. Provide the indicated effluent testing required by the permitting authority for each outfall through which effluent is discharged. Do not include information on combined sewer overflows in this section. All information reported must be based on da collected through analysis conducted using 40 CFR part 136 methods. In addition, this data must comply with QADC requirements (a) CFR part 136 and other appropriate QA/QC requirements for standard methods for analytes not addressed by 40 CFR part 136. In minimum, effluent testing data must be based on at least three samples and must be no more than four and one-half years apart. Outfall number: PARAMETER MAXIMUM-DAILY-VALUE AVERAGE DAILY-VALUE (A) Walue Units (Summer) AVERAGE DAILY-VALUE (A) Walue Units (Summer) AVERAGE DAILY-VALUE (A) AVERAGE DAILY-VALUE (A) ANALYTICAL (MILL-IMDL) MAXIMUM DAILY- (A) DISCHARGE (MINIMUM-DAILY- (A) DISCHARGE (MINIMUM-DAILY- (A) AVERAGE DAILY-DISCHARGE (A) MAXIMUM DAILY- (A) DISCHARGE (MINIMUM-DAILY- (A) AVERAGE DAILY-DISCHARGE (A) MAXIMUM DAILY- (A) DISCHARGE (MINIMUM-DAILY- (A) AVERAGE DAILY-DISCHARGE (A) MAXIMUM DAILY- (A) DISCHARGE (MINIMUM-DAILY- (A) AVERAGE DAILY-DISCHARGE (A) MAXIMUM DAILY- (A) DISCHARGE (MINIMUM-DAILY- (A) MAXIMUM DAILY- (A) DISCHARGE (MINIMUM-DAILY- (A) AVERAGE DAILY-DISCHARGE (A) MAXIMUM-DAILY- (A) MAXIMUM-DAILY- (A) AVERAGE DAILY-DISCHARGE (A) ANALYTICAL (MILL-IMDL) AVERAGE DAILY-DISCHARGE (A) ANALYTICAL (MILL-IMDL) AVERAGE DAILY-DISCHARGE (A)	If disinfection is by chlorination, is dechlorination used for this outfall? d. Does the treatment plant have post aeration? Effluent Testing Information. All Applicants that discharge to waters of the US must provide eff parameters. Provide the indicated effluent testing required by the permitting authority for each of discharged. Do not include information on combined sewer overflows in this section. All information collected through analysis conducted using 40 CFR part 136 and other appropriate QA/QC requirements for standard methods for analytes of minimum, effluent testing data must be based on at least three samples and must be no more the outfall number. Duffall number: Waltie: Whiting White Control of the Control of th	isinfection is by chlorination, is dechloring the treatment plant have post aeration at Testing Information. All Applicants eters. Provide the indicated effluent to grad. Do not Include Information on ed through analysis conducted using a Part 136 and other appropriate QA/Com, effluent testing data must be based in include information on the part of th					
d. Does the treatment plant have post aeration? Pas No Effluent Testing information. All Applicants that discharge to waters of the US must provide effluent testing data for the following parameters. Provide the indicated effluent testing required by the parmitting authority for each outfall through which effluent is discharged. Do not include information on combined sever overflows in this section. All information reported must be based on dat collected through analysis conducted using 40 CFR Part 136 methods. In addition, this data must comply with QA/QC requirements for standard methods for analyses not addressed by 40 CFR Part 136. A minimum, effluent testing data must be based on at least three samples and must be no more than four and one-half years apart. Outfall number: PARAMETER MAXIMUM DAILY VALUE Value Units: Value Number of Sample AVERAGE; DAILY VALUE Number of Sample Value To de Cool MGD 53 perature (Winter) For pH please report a minimum and a maximum daily value	d. Does the treatment plant have post aeration? Personal Control of the Indicated effluent testing required by the permitting authority for each outfall through which effluent is discharged. Do not include information on combined sever overflows in this section. All information reported must be based on dat collected through analysis conducted using 40 CFR Part 136 methods. In addition, this date must comply with QA/QC requirements 40 CFR Part 136 and other appropriate QA/QC requirements for standard methods for analytes not addressed by 40 CFR Part 136. A minimum, effluent testing date must be based on at least three samples and must be no more than four and one-half years apart. Outfall number. PARAMETER: MAXIMUM DAILY VALUE Value Units:	d. Does the treatment plant have post aeration? Yes No Effluent Testing Information. All Applicants that discharge to waters of the US must provide effluent testing data for the following parameters. Provide the indicated effluent testing required by the parmitting authority for each outfall through which effluent is discharged. Do not include information on combined sever overflows in this section. All information reported must be based on data collected through analysis conducted using 40 CFR Part 136 methods. In addition, this data must be passed on data collected through analysis conducted using 40 CFR Part 136 methods. In addition, this data must be possible to analytes not addressed by 40 CFR Part 136. A minimum, effluent testing data must be based on at least three samples and must be no more than four and one-half years apart. Outfall number: PARAMETER MAXIMUM DAILY VALUE AVERAGE DAILY VALUE Value Units Value Units Value Units Value Units AVERAGE DAILY VALUE For pH please report a minimum and a maximum daily value POLITIANT MAXIMUM DAILY AVERAGE DAILY DISCHARGE ANALYTICAL MILITANT AVERAGE DAILY DISCHARGE ANALYTICAL ANALYTICAL A	d. Does the treatment plant have post aeration? Pas No Effluent Testing Information. All Applicants that discharge to waters of the US must provide effluent testing data for the following parameters. Provide the indicated effluent testing required by the permitting authority for each outfall through which effluent is discharged. Do not include Information on combined sever overflows in this section. All information reported must be based on data collected through analysis conducted using 40 CFR Part 135 methods. In addition, this data must comply with QAJQC requirements 40 CFR Part 136 and other appropriate QA/QC requirements for standard methods for analytes not addressed by 40 CFR Part 136. A minimum, effluent testing data must be based on at least three samples and must be no more than four and one-half years apart. Outfall number: PARAMETER MAXIMUM DAILY VALUE AVERAGE DAILY CALL ANALYTICAL MIL / MDL MIL / MDL POLLUTANT AVERAGE DAILY DISCHARGE ANALYTICAL MIL / MDL	d. Does the treatment plant have post aeration? 2. Effluent Testing Information. All Applicants that discharge to waters of the US must provide effluent testing data for the following parameters. Provide the indicated effluent testing required by the permitting authority for each outfall through which effluent is discharged. Do not include information on combined sewer overflows in this section. All information reported must be based on dar collected through analysis conducted using 40 CRP part 136 methods, in addition, this data must comply with QA/QCR requirements of the standard methods for analytes not addressed by 40 CFR part 136. All of CFR part	d. Does the treatment plant have post aeration? Effluent Testing Information. All Applicants that discharge to waters of the US must provide effluent resting required by the permitting authority for each discharged. Do not include information on combined sewer overflows in this section. All information concluded through analysis conducted using 40 CFR Part 136 methods. In addition, this data must do CFR Part 136 and other appropriate QA/QC requirements for standard methods for analytes reminimum, effluent testing data must be based on at least three samples and must be no more the outfall number. PARAMETER MAXIMUM-DAILY-VALUE Avalue: Value: Value: Value: Value: Value: Value: Value: Avalue: Value: AV Value: AV AVERAGE DAHY-DISCHARGE MONTHLY Cond. Value: AV AVERAGE DAHY-DISCHARGE MONTHLY Cond. Value: Value: Value: Value: Value: Value: Value: AV AVERAGE DAHY-DISCHARGE Value: Value: Value: Value: Value: Value: Value: Value: Value:	es the treatment plant have post aeration in Testing Information. All Applicants eters. Provide the indicated effluent to riged. Do not include Information on edithrough analysis conducted using it Part 136 and other appropriate QA/Com, effluent testing data must be based in the part of the pa					
2. Effluent Testing Information. All Applicants that discharge to waters of the US must provide effluent testing data for the following parameters. Provide the indicated effluent testing required by the permitting authority for each outfall through which effluent is discharged. Do not include information on combined sewer overflows in this section. All information reported must be based on dat collected through analysis conducted using 40 CFR Part 135 methods. In addition, this data must comply with QA/QC requirements 40 CFR Part 136 and other appropriate QA/QC requirements for standard methods for analytes not addressed by 40 CFR Part 136. A minimum, effluent testing data must be based on at least three samples and must be no more than four and one-half years apart. Outfall number: PARAMETER MAXIMUM DAILY-VALUE AVERAGE:DAILY-VALUE Value Units: Value Units: Value Units: Value Units: Numberof:Sample Maximum) 7.4 5.u. COON MGD 7.4 5.u. Parature (Winter) Perature (Winter) For pH please report a minimum and a maximum daily value	2. Effluent Testing Information. All Applicants that discharge to waters of the US must provide effluent testing data for the following parameters. Provide the indicated effluent testing required by the permitting authority for each outfall through which effluent is discharged. Do not include information on combined sewer overflows in this section. All information reported must be based on dat collected through analysis conducted using 40 CFR Part 136 methods. In addition, this data must comply with QA/QC requirements 40 CFR Part 136 and other appropriate QA/QC requirements for standard methods for analytes not addressed by 40 CFR Part 136. A minimum, effluent testing data must be based on at least three samples and must be no more than four and one-half years apart. Outfall number. PARAMETER MAXIMUM DAILY VALUE Value Units: Val	Effluent Testing Information. All Applicants that discharge to waters of the US must provide effluent testing data for the following parameters. Provide the indicated effluent testing required by the permitting authority for each outfall through which effluent is discharged. Do not include information on combined sever overflows in this section. All information reported must be based on dat collected through analysis conducted using 40 CFR Part 135 methods. In addition, this data must comply with QA/QC requirements 40 CFR Part 136 and other appropriate QA/QC requirements for standard methods for analytes not addressed by 40 CFR Part 136. A minimum, effluent testing data must be based on at least three samples and must be no more than four and one-half years apart. Outfall number: PARAMETER MAXIMUM DAILY-VALUE Value Units: AVERAGE DAILY VALUE AVERAGE DAILY UNITS ANALYTICAL MIX (MDI	Effluent Testing Information. All Applicants that discharge to waters of the US must provide effluent testing data for the following parameters. Provide the indicated effluent testing required by the permitting authority for each outfall through which effluent is discharged. Do not include information on combined sewer overflows in this section. All information reported must be based on dat collected through analysis conducted using 40 CFR Part 136 methods. In addition, this data must comply with QA/QC requirements 40 CFR Part 136 and other appropriate QA/QC requirements for standard methods for analytes not addressed by 40 CFR Part 136. A minimum, effluent testing data must be based on at least three samples and must be no more than four and one-half years apart. Outfall number: PARAMETER MAXIMUM DAILY VALUE Value Units: Value	2. Effluent Testing Information. All Applicants that discharge to waters of the US must provide effluent testing data for the following parameters. Provide the indicated effluent testing required by the permitting authority for each outfall through which effluent is discharged. Do not include information on combined sever overflows in this section. All information reported must be based on data collected through analysis conducted using 40 CFR Part 136 methods. In addition, this date must comply with QA/QC requirements for standard methods for analyses not addressed by 40 CFR Part 136. A minimum, effluent testing data must be based on at least three samples and must be no more than four and one-half years apart. Outfall number: Veilue: V	Effluent Testing Information. All Applicants that discharge to waters of the US must provide eff parameters. Provide the indicated effluent testing required by the permitting authority for each of discharged. Do not Include Information on combined sewer overflows in this section. All Inform collected through analysis conducted using 40 CFR Part 136 methods. In addition, this data must 40 CFR Part 136 and other appropriate QA/QC requirements for standard methods for analyses or minimum, effluent testing data must be based on at least three samples and must be no more the part of the part	Testing information. All Applicants sters. Provide the indicated effluent to gred. Do not include information on ed through analysis conducted using the part 136 and other appropriate QAIC arm, effluent testing data must be based in the part of t	ation used for this outfal	a)17	_X Y	es	No
parameters. Provide the indicated effluent testing required by the permitting authority for each outfall through which effluent is discharged. Do not include information on combined sewer overflows in this section. All information reported must be based on dat collected through analysis conducted using 40 CFR Part 136 methods. In addition, this data must comply with QA/QC requirements 40 CFR Part 136 and other appropriate QA/QC requirements for standard methods for analytes not addressed by 40 CFR Part 136. A minimum, effluent testing data must be based on at least three samples and must be no more than four and one-half years apart. Outfall number: PARAMETER: WAXIMUM DAILY VALUE Value Units: Value Units: Value Units: Number of Sample Value Units: Number of Sample Value Units: Value Units: Number of Sample Value Units: Value Units: Number of Sample Value Units: Value Value Units: Value Units: Value Units: Value Units: Value Units: Value Units: Value Value Units: Value Units: Value Units: Value Value Units: Value Units: Value Units: Value Units: Value Units: Value Units: Value Value Units: Value Units: Value Units: Value Value Units: Value Value Units: Value Units: Value Units: Value Value Units: Value Value Units: Value Units: Value Value Units: Value Value Units: Value Va	parameters. Provide the indicated effluent testing required by the permitting authority for each outfall through which effluent is discharged. Do not include information on combined sewer overflows in this section. All information reported must be based on dat collected through analysis conducted using 40 CFR Part 136 methods. In addition, this data must comply with QAIQC requirements 40 CFR Part 136 and other appropriate QAIQC requirements for standard methods for analytes not addressed by 40 CFR Part 136. A minimum, effluent testing data must be based on at least three samples and must be no more than four and one-half years apart. Outfall number: PARAMETER MAXIMUM DAILY VALUE Value Units: Value Units: Value Units: Value Units: Value Toniles: AVERAGE DAILY VALUE AVERAGE DAILY VALUE AVERAGE DAILY VALUE S.u. Maximum) 7.4 S.u. Rate 25T. COO MGD 53 Perature (Winter) *For pH please report a minimum and a maximum daily value	parameters. Provide the indicated effluent testing required by the permitting authority for each outfall through which effluent is discharged. Do not include information on combined sewer overflows in this section. All information reported must be based on dat collected through analysis conducted using 40 CFR Part 136 methods. In addition, this data must comply with QA/QC requirements 40 CFR Part 136 and other appropriate QA/QC requirements for standard methods for analytes not addressed by 40 CFR Part 136. A minimum, effluent testing data must be based on at least three samples and must be no more than four and one-half years apart. Outfall number: PARAMETER MAXIMUM DAILY VALUE Value Units: Value Units: Value Units: Value Units: Value Units: Value MACD 53 Derature (Winter) For pH please report a minimum and a maximum daily value POLICITANT MAXIMUM DAILY AVERAGE DAILY VALUE AVE	parameters. Provide the indicated effluent testing required by the permitting authority for each outfall through which effluent is discharged. Do not include information on combined sewer overflows in this section. All information reported must be based on dat collected through analysis conducted using 40 CFR Part 136 methods. In addition, this data must comply with QA/QC requirements 40 CFR Part 136 and other appropriate QA/QC requirements for standard methods for analytes not addressed by 40 CFR Part 136. A minimum, effluent testing data must be based on at least three samples and must be no more than four and one-half years apart. Outfall number: PARAMETER MAXIMUM DAILY VALUE AVERAGE DAILY VALUE Value Units: Value MACD 53 perature (Winter) For pH please report a minimum and a maximum daily value POLLUTANT MAXIMUM DAILY AVERAGE DAILY DISCHARGE ANALYTICAL MI /MDL	parameters. Provide the indicated effluent testing required by the permitting authority for each outfall through which effluent is discharged. Do not include information on combined sever overflows in this section. All information reported must be based on de collected through analysis conducted using 40 CFR Part 136 methods. In addition, this data must comply with QA/QC requirements 40 CFR Part 136 and other appropriate QA/QC requirements for standard methods for analyses not addressed by 40 CFR Part 136. A minimum, effluent testing data must be based on at least three samples and must be no more than four and one-half years apart. Outfall number: PARAMETER MAXIMUM/DAILY-VALUE Value Valu	parameters. Provide the indicated effluent testing required by the permitting authority for each discharged. Do not include information on combined sever overflows in this section. All inform collected through analysis conducted using 40 CFR Part 135 methods. In addition, this data mu 40 CFR Part 136 and other appropriate QA/QC requirements for standard methods for analytes of minimum, effluent testing data must be based on at least three samples and must be no more the outfall number. Outfall number. PARAMETER MAXIMUM DAILY VALUE Alimimum) Assimum 7.4 s.u. PARAMETER MAXIMUM DAILY VALUE Avaire (Winter) For pH please report a minimum and a maximum daily value POLLUTANT DISCHARGE MAXIMUM DAILY AVERAGE BAILY DISCHARGE MAXIMUM DAILY DISCHARGE MAXIMUM DAILY AVERAGE BAILY DISCHARGE MAXIMUM DAILY DISCHARGE MAXIMUM DAILY AVERAGE BAILY DISCHARGE AVER	eters. Provide the indicated effluent to reed. Do not include information on ed through analysis conducted using a Part 136 and other appropriate QA/Com, effluent testing data must be based included. PARAMETER Without Company of the provided in the part of	?		Y	es _X	, No
parameters. Provide the indicated effluent testing required by the permitting authority for each outfall through which effluent is discharged. Do not include information on combined sewer overflows in this section. All information reported must be based on dat collected through analysis conducted using 40 CFR Part 136 methods. In addition, this data must comply with QA/QC requirements 40 CFR Part 136 and other appropriate QA/QC requirements for standard methods for analytes not addressed by 40 CFR Part 136. A minimum, effluent testing data must be based on at least three samples and must be no more than four and one-half years apart. Outfall number: PARAMETER: WAXIMUM DAILY VALUE Value Units: Value Units: Value Units: Number of Sample Value Units: Number of Sample Value Units: Value Units: Number of Sample Value Units: Value Units: Number of Sample Value Units: Value Value Units: Value Units: Value Units: Value Units: Value Units: Value Units: Value Value Units: Value Units: Value Units: Value Value Units: Value Units: Value Units: Value Units: Value Units: Value Units: Value Value Units: Value Units: Value Units: Value Value Units: Value Value Units: Value Units: Value Units: Value Value Units: Value Value Units: Value Units: Value Value Units: Value Value Units: Value Va	parameters. Provide the indicated effluent testing required by the permitting authority for each outfall through which effluent is discharged. Do not include information on combined sewer overflows in this section. All information reported must be based on dat collected through analysis conducted using 40 CFR Part 136 methods. In addition, this data must comply with QAIQC requirements 40 CFR Part 136 and other appropriate QAIQC requirements for standard methods for analytes not addressed by 40 CFR Part 136. A minimum, effluent testing data must be based on at least three samples and must be no more than four and one-half years apart. Outfall number: PARAMETER MAXIMUM DAILY VALUE Value Units: Value Units: Value Units: Value Units: Value Toniles: AVERAGE DAILY VALUE AVERAGE DAILY VALUE AVERAGE DAILY VALUE S.u. Maximum) 7.4 S.u. Rate 25T. COO MGD 53 Perature (Winter) *For pH please report a minimum and a maximum daily value	parameters. Provide the indicated effluent testing required by the permitting authority for each outfall through which effluent is discharged. Do not include information on combined sewer overflows in this section. All information reported must be based on dat collected through analysis conducted using 40 CFR Part 136 methods. In addition, this data must comply with QA/QC requirements 40 CFR Part 136 and other appropriate QA/QC requirements for standard methods for analytes not addressed by 40 CFR Part 136. A minimum, effluent testing data must be based on at least three samples and must be no more than four and one-half years apart. Outfall number: PARAMETER MAXIMUM DAILY VALUE Value Units: Value Units: Value Units: Value Units: Value Units: Value MACD 53 Derature (Winter) For pH please report a minimum and a maximum daily value POLICITANT MAXIMUM DAILY AVERAGE DAILY VALUE AVE	parameters. Provide the indicated effluent testing required by the permitting authority for each outfall through which effluent is discharged. Do not include information on combined sewer overflows in this section. All information reported must be based on dat collected through analysis conducted using 40 CFR Part 136 methods. In addition, this data must comply with QA/QC requirements 40 CFR Part 136 and other appropriate QA/QC requirements for standard methods for analytes not addressed by 40 CFR Part 136. A minimum, effluent testing data must be based on at least three samples and must be no more than four and one-half years apart. Outfall number: PARAMETER MAXIMUM DAILY VALUE AVERAGE DAILY VALUE Value Units: Value MACD 53 perature (Winter) For pH please report a minimum and a maximum daily value POLLUTANT MAXIMUM DAILY AVERAGE DAILY DISCHARGE ANALYTICAL MI /MDL	parameters. Provide the indicated effluent testing required by the permitting authority for each outfall through which effluent is discharged. Do not include information and combined sever overflows in this section. All information reported must be based on do collected through analysis conducted using 40 CFR Part 136 methods. In addition, this data must comply with QA/QC requirements 40 CFR Part 136 and other appropriate QA/QC requirements for standard methods for analyses not addressed by 40 CFR Part 136. A minimum, effluent testing data must be based on at least three samples and must be no more than four and one-half years apart. Outfall number: PARAMETER MAXIMUM/DAILY-VALUE Value Units: Value Va	parameters. Provide the indicated effluent testing required by the permitting authority for each discharged. Do not include information on combined sever overflows in this section. All inform collected through analysis conducted using 40 CFR Part 135 methods. In addition, this data mu 40 CFR Part 136 and other appropriate QA/QC requirements for standard methods for analytes of minimum, effluent testing data must be based on at least three samples and must be no more the outfall number. Outfall number. PARAMETER MAXIMUM DAILY VALUE Alimimum) Assimum 7.4 s.u. PARAMETER MAXIMUM DAILY VALUE Avaire (Winter) For pH please report a minimum and a maximum daily value POLLUTANT DISCHARGE MAXIMUM DAILY AVERAGE BAILY DISCHARGE MAXIMUM DAILY DISCHARGE MAXIMUM DAILY AVERAGE BAILY DISCHARGE MAXIMUM DAILY DISCHARGE MAXIMUM DAILY AVERAGE BAILY DISCHARGE AVER	eters. Provide the indicated effluent to reed. Do not include information on ed through analysis conducted using a Part 136 and other appropriate QA/Com, effluent testing data must be based included. PARAMETER Without Company of the provided in the part of					
Minimum) 6.5 s.u. Maximum) 7.4 s.u. Rate 25T. 2001 MGD 0.001 MGD 53 perature (Winter) 8 °C 7 °C 5 perature (Summer) * For pH please report a minimum and a maximum daily value	Minimum) 6.5 s.u. Maximum) 7.4 s.u. Rate £5T. ¿¿¿¿¿) M&D 5.3 perature (Winter) 8 ° C 7 ° C 5 perature (Summer) * For pH please report a minimum and a maximum daily value **	Minimum) 6.5 s.u. Maximum) 7.4 s.u. Rate 25T. 2001 MGD 0.001 MGD 53 perature (Winter) 8 °C 7 °C 5 perature (Summer) For pH please report a minimum and a maximum daily value PDI LITANT MAXIMUM DAILY AVERAGE PAILY DISCHARGE ANALYTICAL MILUMOL	Minimum) 6.5 s.u. Maximum) 7.4 s.u. Rate 25T. 2001 MGD 0.001 MGD 53 perature (Winter) 8 0 7 6 5 perature (Summer) For pH please report a minimum and a maximum daily value POLLUTANT MAXIMUM DAILY AVERAGE DAILY DISCHARGE ANALYTICAL ML / MDL	Minimum) Minimum (Minimum) Minimum (Minimum) Minimum (Minimum) Minimum (Minimum) Minimum (Minimum) Minimum) M	Alinimum) Adaximum) Adaximum) Rate 25T. 2001 Mach Perature (Winter) For pH please report a minimum and a maximum daily value POLLUTANT MAXIMUM DAILY POLLUTANT DISCHARGE Conc. Units Conc. Units Number o Samples ENTIONAL AND NONCONVENTIONAL COMPOUNDS. IEMICAL OXYGEN BOD-5 AND (Report one) CBOD-5 COLLEGIBLA E COL. 33 MG/L 2 N/CML 1 SUSPENDED SOLIDS (TSS) END OF PART A.	(Winter) Summer) I please report a minimum and a maximum LLUTANT AL AND NONCONVENTIONAL COMPONY OXYGEN BOD-5 AT ONE) CBOD-5 REM E COLI < 2	AXIMUM DAILY VALUE		AVE	RAGE DAILY VAL	UEX
Maximum) 7.4 s.u. Rate 25T. (200) MGD 0.00\ MGD 53 perature (Winter) 8 °C 7 °C 5 perature (Summer) * For pH please report a minimum and a maximum daily value	Maximum	Maximum) Rate 25T. (200) MGD 0.00\ M6D 53 perature (Winter) 8 °C 7 °C 5 perature (Summer) For pH please report a minimum and a maximum daily value PDI LITANT MAXIMUM DAILY AVERAGE DAILY DISCHARGE ANALYTICAL MILLIAND	Maximum) Rate 25T. 2001 MGD 0.001 MGD 53 perature (Winter) B 0C 7 6C 5 perature (Summer) * For pH please report a minimum and a maximum daily value POLLUTANT MAXIMUM DAILY AVERAGE DAILY DISCHARGE ANALYTICAL ML / MDL	Maximum) 7.4 5.4 Falle 25T	Assimum) Rate 25T. 200 MGD 0.001 Perature (Winter) For pH please report a minimum and a maximum daily value POLLUTANT MAXIMUM DAILY DISCHARGE Conc. Units Number of Samples ENTIONAL AND NONCONVENTIONAL COMPOUNDS. IEMICAL OXYGEN BOD-5 DISCHARGE MGL COMPOUNDS. IEMICAL OXYGEN BOD-5 COULEDBAR E COLI <2 N/CML S3 SUSPENDED SOLIDS (TSS) MGL COMPOUNDS. END-OF PART A.	(Winter) Summer) Please report a minimum and a maximum LLUTANT AL AND NONCONVENTIONAL COMP OXYGEN BOD-5 AT ONE) CBOD-5 REM E COLI < 2	ilue		/alue	Units	Number of Sample
Pate 25T. 2001 MGD 0.001 MGD 53 perature (Winter) 8 °C 7 °C 5 perature (Summer) * For pH please report a minimum and a maximum daily value	Rate CST. COCI MGD O.001 MGD 53 perature (Winter) 8 °C 7 °C 5 perature (Summer) *For pH please report a minimum and a maximum daily value	Rate 25T. 2001 MGD 0.001 MGD 53 perature (Winter) 8 °C 7 °C 5 perature (Summer) * For pH please report a minimum and a maximum daily value **POLLITANT MAXIMUM DAILY AVERAGE PAILY DISCHARGE ANALYTICAL MILUMOL	Rate 25T. 2001 MGD 0.001 MGD 53 perature (Winter) 8 °C 7 °C 5 perature (Summer) *For pH please report a minimum and a maximum daily value POLLUTANT MAXIMUM DAILY AVERAGE DAILY DISCHARGE ANALYTICAL ML/MDL	POLLUTANT MAXIMUM DAILY POLLUTANT MAXIMUM DAILY DISCHARGE Conc. Units Number of Samples VENTIONAL AND NONCONVENTIONAL COMPOUNDS. HEMICAL OXYGEN BOD-5 NO (Report one) CBOD-5 LOUIS AND MOLL COMPOUNDS. HEMICAL OXYGEN BOD-5 LOUIS AND MOLL COMPOUNDS. LOUIS AND MOLL COMPOUNDS. HEMICAL OXYGEN BOD-5 LOUIS AND MOLL COMPOUNDS. LOUIS AN	Rale 25T. 200 MGD 0.001 perature (Winter) For pH please report a minimum and a maximum daily value POLLUTANT MAXIMUM DAILY DISCHARGE Conc. Units Conc. Units Number o Samples ENTIONAL AND NONCONVENTIONAL COMPOUNDS. IEMICAL OXYGEN BOD-5 DISCHARGE CONC. Units Number o Samples ENTIONAL AND NONCONVENTIONAL COMPOUNDS. IEMICAL OXYGEN BOD-5 COULEGES E COI < 2 N/CML < 2 N/CML 1 SUSPENDED SOLIDS (TSS) END-OF PART A.	(Winter) Summer) I please report a minimum and a maximum LLUTANT LLUTANT Cond: AL AND NONCONVENTIONAL COMP OXYGEN BOD-5 Tone) CBOD-5 BOM E COLI < 2	, S s.u.				
perature (Winter) 8 C 5 perature (Summer) 5 * For pH please report a minimum and a maximum daily value	perature (Winter) Perature (Summer) For pH please report a minimum and a maximum daily value	perature (Winter) Secreture (Summer) For pH please report a minimum and a maximum daily value PDI LITEATE MAXIMUM DAILY AVERAGE PAILY DISCHARGE ANALYTICAL MILUMDI	perature (Winter) B C 7 C 5 perature (Summer) For pH please report a minimum and a maximum daily value POLLUTANT MAXIMUM DAILY AVERAGE DAILY DISCHARGE ANALYTICAL ML / MDL	perature (Winter) Perature (Summer) For pH please report a minimum and a maximum daily value POLLUTANT MAXIMUM DAILY AVERAGE DAILY DISCHARGE MANTHLY ANALYTICAL ML / MDI METHOD Conc. Units Number of Samples VENTIONAL AND NONCONVENTIONAL COMPOUNDS. HEMICAL OXYGEN BOD-5 ND (Report one) CBOD-5 LCCLIFCIBRA E COLD ANALYTICAL ML / MDI METHOD MAXIMUM DAILY AVERAGE DAILY DISCHARGE MAXIMUM DAILY AVERAGE DAILY DISCHARGE MAXIMUM DAILY METHOD Samples VENTIONAL AND NONCONVENTIONAL COMPOUNDS. HEMICAL OXYGEN BOD-5 LCCLIFCIBRA E COLD ANALYTICAL MI / MDI METHOD METHOD MAXIMUM DAILY METHOD METHOD MAXIMUM DAILY ME / MDI METHOD	Derature (Winter) POLLUTANT MAXIMUM DAILY DISCHARGE POLLUTANT MAXIMUM DAILY AVERAGE DAILY DISCHARGE MONTHLY Corrc: Units Corrc: Units Number of Samples TENTIONAL AND NONCONVENTIONAL COMPOUNDS. IEMICAL OXYGEN BOD-5 DISCHARGE MG/L NUMBER NUMBER AVERAGE DAILY DISCHARGE MONTHLY Corrc: Units Number of Samples TENTIONAL AND NONCONVENTIONAL COMPOUNDS. IEMICAL OXYGEN BOD-5 COLLEGED E COLI < 2 N/CML SUSPENDED SOLIDS (TSS) MG/L MG/L SUSPENDED SOLIDS (TSS) END OF PART A.	Winter) Summer) I please report a minimum and a maximum ALLUTANT LLUTANT Conc. AL AND NONCONVENTIONAL COMPONY OXYGEN BOD-5 AT one) CBOD-5 CBOD-5	.4 s.u.				
peratura (Summer) * For pH please report a minimum and a maximum daily value	perature (Summer) * For pH please report a minimum and a maximum daily value	POLLITANT MAXIMUM DAILY AVERAGE DAILY DISCHARGE ANALYTICAL MI UMDI	POLLUTANT MAXIMUM DAILY AVERAGE DAILY DISCHARGE ANALYTICAL ML //MDL	POLLUTANT MAXIMUM DAILY AVERAGE BATHY DISCHARGE ANALYTICAL ML / MDL DISCHARGE CONC. Units Conc. Units Number of Samples VENTIONAL AND NONCONVENTIONAL COMPOUNDS. HEMICAL OXYGEN BOD-5 23 MG/L 20 MG/L 53 52/08 3.0 mg/L IND (Report one) CBOD-5 L SUSPENDED SOLIDS (TSS) MG/L 2 N/CML 1 92238,29 20 (Mg/L) L SUSPENDED SOLIDS (TSS) MG/L 2 MG/L 53 25400 2.5 mg/L END: OF PART A.	POLLUTANT POLLUTANT MAXIMUM DAILY DISCHARGE Conc. Units Conc. Units Number o Samples ENTIONAL AND NONCONVENTIONAL COMPOUNDS. IEMICAL OXYGEN BOD-5 COULEGER E CONC. Units Number o Samples NO (Report one) CBOD-5 COULEGER E CONC. Units NUMBER AVERAGE BAILY DISCHARGE MONITHLY Number o Samples ENTIONAL AND NONCONVENTIONAL COMPOUNDS. IEMICAL OXYGEN BOD-5 COULEGER E CONT. CONC. Units Number o Samples END: OF PART A.	Summer) I please report a minimum and a maximum LLUTANT DISCHA Corre. AL AND NONCONVENTIONAL COMP OXYGEN BOD-5 Tone) CBOD-5 BBM E COLI < 2	ooi mgd) 0.			<i>5</i> 3
* For pH please report a minimum and a maximum daily value	* For pH please report a minimum and a maximum daily value	* For pH please report a minimum and a maximum daily value PDI LITANT MAXIMUM DAILY AVERAGE DAILY DISCHARGE ANALYTICAL MI //MDI	* For pH please report a minimum and a maximum daily value POLLUTANT MAXIMUM DAILY AVERAGE DAILY DISCHARGE ANALYTICAL ML / MDL	FOR pH please report a minimum and a maximum daily value POLLUTANT MAXIMUM: DAILY DISCHARGE AVERAGE DAFLY DISCHARGE METHOD Conc. Units Number of Samples VENTIONAL AND NONCONVENTIONAL COMPOUNDS. HEMICAL OXYGEN BOD-5 AD MG/L CONC. Units Number of Samples AD MG/L 53 52/08 A, O mg/L NO (Report one) CBOD-5 COULEDBALE COLLEGBALE COLLEGBALE COLLEGBALE COLLEGBALE COLLEGBALE COLLEGBALE END: OF PART A.	For pH please report a minimum and a maximum daily value POLLUTANT MAXIMUM DAILY DISCHARGE Conc. Units Number of Samples ENTIONAL AND NONCONVENTIONAL COMPOUNDS. IEMICAL OXYGEN BOD-5 CBOD-5 COLLEGIBLE COLL SUSPENDED SOLIDS (TSS) MAXIMUM DAILY AVERAGE DAHLY DISCHARGE NUmber of Samples END OF PART A.	AL AND NONCONVENTIONAL COMPONY GROUP COOLS	; °C			3C	5
	SERVICE OF THE PROPERTY OF THE	POLITIANT MAXIMUM DAILY AVERAGE DAILY DISCHARGE ANALYTICAL ME / MD	POLLUTANT MAXIMUM DAILY AVERAGE DAILY DISCHARGE ANALYTICAL ML / MDL	POLLUTANT MAXIMUM DAILY AVERAGE DAILY DISCHARGE ANALYTICAL ML /MDL DISCHARGE DISCHARGE MCNTHLY METHOD CONC. Units Conc. Units Number of Samples VENTIONAL AND NONCONVENTIONAL COMPOUNDS. HEMICAL OXYGEN BOD-5 23 MG/L 20 MG/L 53 52/08 3.0 mg/L ND (Report one) CBOD-5 ECOLIFORM E CO < 2 N/CML 92238,29 20 (MPN/m) L SUSPENDED SOLIDS (TSS)	POLLUTANT DISCHARGE AVERAGE DAILY DISCHARGE MONTHLY COTTC: Units Cottc: Units Number of Samples ENTIONAL AND NONCONVENTIONAL COMPOUNDS. IEMICAL OXYGEN BOD-5 23 MG/L 20 MG/L 53 ENDOF PART A.	AL AND NONCONVENTIONAL COMPONYGEN BOD-5 23 Tone) CBOD-5 BBM E COLI < 2					
			PICOLADE STATE OF THE PROPERTY	DISCHARGE MONTHLY METHOD Conc. Units Conc. Units Number of Samples VENTIONAL AND NONCONVENTIONAL COMPOUNDS. HEMICAL OXYGEN BOD-5 23 MG/L 20 MG/L 53 52/08 2.0 mg/L IND (Report one) CBOD-5 LECOLIFORM E COLI < 2 N/CML 1 92238,29 20 (MPN/IN) L SUSPENDED SOLIDS (TSS) 6 MG/L 6 MG/L 53 25400 2.5 mg/L END OF PART A.	DISCHARGE MONTHLY Conc. Units Conc. Units Number of Samples ENTIONAL AND NONCONVENTIONAL COMPOUNDS. IEMICAL OXYGEN BOD-5 23 MG/L 20 MG/L 53 ND (Report one) CBOD-5 COLLEGES E COLI < 2 N/CML 1 SUSPENDED SOLIDS (TSS)	DISCHARGE CONT. AL AND NONCONVENTIONAL COMPONYGEN BOD-5 23 The one CBOD-5 3 4 2 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	OPER DOLLARS AND ASSESSMENT	Salas a la salas			Maria de la compansión de
NO SOUTH PROPERTY OF A TRANSPORT OF THE CONTRACT OF A SECOND CONTRACT OF A SECOND CONTRACT OF A SECOND CONTRACT OF THE CONTRAC	DANNING TOTAL CONTRACTOR OF THE CONTRACTOR OF TH	THE FAMILY OF A SEASON WITH A CONTROLLAR PROCESS OF THE SEASON OF A CONTROLLAR PROCESS OF THE SEASON	AND THE STANDARD AND THE COMPANIES OF THE SECOND OF THE SE	VENTIONAL AND NONCONVENTIONAL COMPOUNDS. HEMICAL OXYGEN BOD-5 23 MG/L 2D MG/L 53 52/08 3.0 mg/L ND (Resport one) CBOD-5 ECOLIFICIAL E COLI < 2 N/CML 1 92238.29 20 (MPN/IN) L SUSPENDED SOLIDS (TSS) 6 MG/L 6 MG/L 53 25400 3.5 mg/L END OF PART A.	ENTIONAL AND NONCONVENTIONAL COMPOUNDS. IEMICAL OXYGEN BOD-5 23 MG/L 2D MG/L 53 ND (Resport one) CBOD-5 COLIFCISM E COI <2 N/CML <2 N/CML I SUSPENDED SOLIDS (TSS)	AL AND NONCONVENTIONAL COMPONYGEN BOD-5 23 Introne) CBOD-5 REM E COLI < 2					ML/MDL
DEGLADE THE THE PROPERTY OF TH		种数据,其中是2.2016年19.2016年19.2016年19.2016年19.2016年19.2016年19.2016年19.2016年19.2016年19.2016年19.2016年19.2016年19.2016年1		VENTIONAL AND NONCONVENTIONAL COMPOUNDS. HEMICAL OXYGEN BOD-5 23 MG/L 20 MG/L 53 52/08 2.0 mg/L ND (Report one) CBOD-5 LECOLIFEREN E Coli <2 N/CML <2 N/CML 1 92238.29 20 (MPN/m) L SUSPENDED SOLIOS (TSS) 6 MG/L 6 MG/L 53 25400 2.5 mg/L END OF PART A.	ENTIONAL AND NONCONVENTIONAL COMPOUNDS. IEMICAL OXYGEN BOD-5 23 MG/L 20 MG/L 53 ND (Respont one) CBOD-5 COLIFORNI E COI <2 N/CML <2 N/CML I SUSPENDED SOLIDS (TSS)	OXYGEN BOD-5 23 Introne) CBOD-5 INDUST E COLI < 2	Units Con	ıc. Units			
DISCHARGE MONTHS METHOD Conc. Units Conc. Units Number of	DISCHARGE MCNTHC METHOD Conc. Units Conc. Units Number of	Conc. Units Conc. Units Number of	t and best the second of the standard of the second of the	HEMICAL OXYGEN BOD-5 23 MG/L 20 MG/L 53 52/08 2.0 mg/L ND (Report one) CBOD-5 ECOCHEGRAL E Coli <2 N/CML <2 N/CML 1 92238.29 20L/MPN/INT L SUSPENDED SOLIDS (TSS) 6 MG/L 6 MG/L 53 25400 2.5 mg/L END OF PART A.	IEMICAL OXYGEN BOD-5 23 MG/L 20 MG/L 53 ND (Respont one) CBOD-5 COLIFCIDE E COLI <2 N/CML <2 N/CML 1 SUSPENDED SOLIDS (TSS) 6 MG/L 6 M/G/L 53 END OF PART A.	OXYGEN BOD-5 23 Introne) CBOD-5 INDUST E COLI < 2			Samples		
DISCHARGE MONTHS METHOD Conc. Units Conc. Units Number of	DISCHARGE MCNTHC METHOD Conc. Units Conc. Units Number of	Conc. Units Conc. Units Number of	t and best the second of the standard of the second of the	ND (Report one) CBOD-5	ND (Resport one) CBOD-5 -COLLEGEOR E COLI < 2 N/CML 1 SUSPENDED SOLIDS (TSS)	nt one) CBOD-5					
Conc. Units Conc. Units Number of Samples /ENTIONAL AND NONCONVENTIONAL COMPOUNDS.	Conc. Units Conc. Units Number of Samples /ENTIONAL AND NONCONVENTIONAL COMPOUNDS.	Conc. Units Conc. Units Number of Samples	/ENTIONAL AND NONCONVENTIONAL COMPOUNDS.	END OF PART A.	SUSPENDED SOLIDS (TSS) (MG/L (MG/L 53) END OF PART A.	E Coli <2	MGL 20) MG(1	4 53	52/08	2.0 mg/L
DISCHARGE MONTHLY METHOD Conc. Units Conc. Units Number of Samples /ENTIONAL AND NONCONVENTIONAL COMPOUNDS.	Conc. Units Conc. Units Number of Samples /ENTIONAL AND NONCONVENTIONAL COMPOUNDS.	Conc. Units Conc. Units Number of Samples /ENTIONAL AND NONCONVENTIONAL COMPOUNDS.	/ENTIONAL AND NONCONVENTIONAL COMPOUNDS.	END OF PART A.	SUSPENDED SOLIDS (TSS) 6 MG/L 6 MG/L 53 END OF PART A.		. ,				J. =
DISCHARGE MONTHLY METHOD Conc. Units Conc. Units Number of Samples /ENTIONAL AND NONCONVENTIONAL COMPOUNDS. HEMICAL OXYGEN BOD-5 23 MG/L 20 MG/L 53 52/08 3.0 mg/L	DISCHARGE MONTHLY METHOD Conc. Units Conc. Units Number of Samples VENTIONAL AND NONCONVENTIONAL COMPOUNDS. HEMICAL OXYGEN BOD-5 23 MG/L 2D MG/L 53 52/08 3.0 mg/L	Conc. Units Conc. Units Number of Samples FENTIONAL AND NONCONVENTIONAL COMPOUNDS. HEMICAL OXYGEN BOD-5 23 MG/L 20 MG/L 53 52/08 3.0 mg/L	FENTIONAL AND NONCONVENTIONAL COMPOUNDS. HEMICAL OXYGEN BODS 23 MG/L 20 MG/L 53 52/08 3.0 mg/L	END OF PARTA	END OF PARTA.	NDED SOLIDS (TSS)	N/CML <2	N/C	nc 1		20 CMPN/1001
DISCHARGE MONTHLY METHOD Conc. Units Conc. Units Number of Samples /ENTIDNAL AND NONCONVENTIONAL COMPOUNDS. HEMICAL OXYGEN BOD-5 23 MG/L 2-D MG/L 53 52/08 3.0 mg/L ND (Report one) CBOD-5 COULEGED E COLI < 2 N/CML 1 92238.29 20 (MRN/m)	DISCHARGE MONTHLY METHOD Conc. Units Conc. Units Number of Samples /ENTHONAL AND NONCONVENTIONAL COMPOUNDS. HEMICAL OXYGEN BOD-5 23 MG/L 20 MG/L 53 52/08 3.0 mg/L ND (Report one) CBOD-5 COULEGED E COLI < 2 N/CML 1 92238.29 20 (MRN/m)	Conc. Units Conc. Units Number of Samples VENTIONAL AND NONCONVENTIONAL COMPOUNDS. HEMICAL OXYGEN BOD-5 23 MG/L 20 MG/L 53 52/08 3.0 mg/L ND (Report one) CBOD-5 CCOLIFCIBIN E Coli < 2 N/CML 1 92238.29 25 (MRN/IN)	FENTIONAL AND NONCONVENTIONAL COMPOUNDS. HEMICAL OXYGEN BOD-5 23 MG/L 2D MG/L 53 52/08 3.0 mg/L ND (Resport one) CBOD-5 COLLEGED E COLÎ < 2 N/CML 1 92238.20 20 (MRN/m)	END OF PARTA	유럽에서는 교육하다 가난 경우 전에 가는 그 전문에 가는 사람들이 하면 그 사람들이 되는 것으로 가는 것이 가는 하는 것이다. 그는 것이 되는 것이 되는 것이다.		MG/4 6	MG	L 53	25400	25 m/L
perature (Winter) 8 °C 7 °C 5 perature (Summer)	perature (Winter) Perature (Summer) For pH please report a minimum and a maximum daily value	perature (Winter) Secreture (Summer) For pH please report a minimum and a maximum daily value PDI LITANT MAXIMUM DAILY AVERAGE BAILYTICAL ANALYTICAL MI (MDI	perature (Winter) Por pH please report a minimum and a maximum daily value POLLUTANT MAXIMUM DAILY AVERAGE DAILY DISCHARGE ANALYTICAL ML / MDL	perature (Winter) Perature (Summer) For pH please report a minimum and a maximum daily value POLLUTANT MAXIMUM DAILY AVERAGE DAILY DISCHARGE MICHAEL METHOD Conc. Units Number of Samples PENTIONAL AND NONCONVENTIONAL COMPOUNDS. HEMICAL OXYGEN BOD-5 LOCALIFORM E COI;	Derature (Winter) POLLUTANT MAXIMUM DAILY DISCHARGE POLLUTANT MAXIMUM DAILY AVERAGE DAILY DISCHARGE MONTHLY Corrc: Units Corrc: Units Number of Samples TENTIONAL AND NONCONVENTIONAL COMPOUNDS. IEMICAL OXYGEN BOD-5 DISCHARGE MG/L NUMBER NUMBER AVERAGE DAILY DISCHARGE MONTHLY Corrc: Units Number of Samples TENTIONAL AND NONCONVENTIONAL COMPOUNDS. IEMICAL OXYGEN BOD-5 COLLEGED E COLI < 2 N/CML SUSPENDED SOLIDS (TSS) MG/L MG/L SUSPENDED SOLIDS (TSS) END OF PART A.	Winter) Summer) I please report a minimum and a maximum ALLUTANT LLUTANT Conc. AL AND NONCONVENTIONAL COMPONY OXYGEN BOD-5 AT one) CBOD-5 CBOD-5	.4 5.4.				
Pate UST. 2001 MGD 0.001 MGD 53 perature (Winter) 8 °C 7 °C 5 perature (Summer) 53 * For pH please report a minimum and a maximum daily value	Pate 25T. 2201 MGD 0.001 MGD 53 perature (Winter) 8 °C 7 °C 5 perature (Summer) * For pH please report a minimum and a maximum daily value	POLLITANT MAXIMUM DAILY AVERAGE DAILY DISCHARGE ANALYTICAL MILLIMOL	POLLUTANT Rate CST. CCC) MGD O.001 MGD S3 OC TMGD TMGD OC TMGD TMGD OC TMGD	POLLUTANT POLLUTANT MAXIMUM DAILY DISCHARGE Ventional and nonconventional compounds. HEMICAL DXYGEN BOD-5 HEMICAL DXYGEN BOD-5 LOUISE MACH JO MG/L 53 MG/L 1 MG/L 53 MG/L 53	Rate Perature (Winter) For pH please report a minimum and a maximum daily value POLLUTANT MAXIMUM DAILY Conc. Units Conc. Units Number o Samples ENTIONAL AND NONCONVENTIONAL COMPOUNDS. IEMICAL OXYGEN BOD-5 COLUTANT CONC. Units Number o Samples ENTIONAL AND NONCONVENTIONAL COMPOUNDS. IEMICAL OXYGEN BOD-5 COLUTANT CONC. Units Number o Samples ENTIONAL AND NONCONVENTIONAL COMPOUNDS. IEMICAL OXYGEN BOD-5 COLUTANT CONC. Units Number o Samples END: OF PART A.	(Winter) Summer) I please report a minimum and a maximum	.4 s.u.				
perature (Winter) 8 C 5 perature (Summer) 5 * For pH please report a minimum and a maximum daily value	perature (Winter) Perature (Summer) For pH please report a minimum and a maximum daily value	perature (Winter) Secreture (Summer) For pH please report a minimum and a maximum daily value PDI LITANT MAXIMUM DAILY AVERAGE PAILY DISCHARGE ANALYTICAL MILUMDI	perature (Winter) B C 7 C 5 perature (Summer) For pH please report a minimum and a maximum daily value POLLUTANT MAXIMUM DAILY AVERAGE DAILY DISCHARGE ANALYTICAL ML / MDL	perature (Winter) Perature (Summer) For pH please report a minimum and a maximum daily value POLLUTANT MAXIMUM DAILY AVERAGE DAILY DISCHARGE MANTHLY ANALYTICAL ML / MDI METHOD Conc. Units Number of Samples VENTIONAL AND NONCONVENTIONAL COMPOUNDS. HEMICAL OXYGEN BOD-5 ND (Report one) CBOD-5 LCCLIFCIBRA E COLD ANALYTICAL ML / MDI METHOD MAXIMUM DAILY AVERAGE DAILY DISCHARGE MAXIMUM DAILY AVERAGE DAILY DISCHARGE MAXIMUM DAILY METHOD Samples VENTIONAL AND NONCONVENTIONAL COMPOUNDS. HEMICAL OXYGEN BOD-5 LCCLIFCIBRA E COLD ANALYTICAL MI / MDI METHOD METHOD MAXIMUM DAILY METHOD METHOD MAXIMUM DAILY ME / MDI METHOD	Derature (Winter) POLLUTANT MAXIMUM DAILY DISCHARGE POLLUTANT MAXIMUM DAILY AVERAGE DAILY DISCHARGE MONTHLY Corrc: Units Corrc: Units Number of Samples TENTIONAL AND NONCONVENTIONAL COMPOUNDS. IEMICAL OXYGEN BOD-5 DISCHARGE MG/L NUMBER NUMBER AVERAGE DAILY DISCHARGE MONTHLY Corrc: Units Number of Samples TENTIONAL AND NONCONVENTIONAL COMPOUNDS. IEMICAL OXYGEN BOD-5 COLLEGED E COLI < 2 N/CML SUSPENDED SOLIDS (TSS) MG/L MG/L SUSPENDED SOLIDS (TSS) END OF PART A.	Winter) Summer) I please report a minimum and a maximum ALLUTANT LLUTANT Conc. AL AND NONCONVENTIONAL COMPONY OXYGEN BOD-5 AT one) CBOD-5 CBOD-5				11 ()	
perature (Winter) 8 C 5 perature (Summer) 5 * For pH please report a minimum and a maximum daily value	perature (Winter) Perature (Summer) For pH please report a minimum and a maximum daily value	perature (Winter) Secreture (Summer) For pH please report a minimum and a maximum daily value PDI LITANT MAXIMUM DAILY AVERAGE PAILY DISCHARGE ANALYTICAL MILUMDI	perature (Winter) B C 7 C 5 perature (Summer) For pH please report a minimum and a maximum daily value POLLUTANT MAXIMUM DAILY AVERAGE DAILY DISCHARGE ANALYTICAL ML / MDL	perature (Winter) Perature (Summer) For pH please report a minimum and a maximum daily value POLLUTANT MAXIMUM DAILY AVERAGE DAILY DISCHARGE MANTHLY ANALYTICAL ML / MDI METHOD Conc. Units Number of Samples VENTIONAL AND NONCONVENTIONAL COMPOUNDS. HEMICAL OXYGEN BOD-5 ND (Report one) CBOD-5 LCCLIFCIBRA E COLD ANALYTICAL ML / MDI METHOD MAXIMUM DAILY AVERAGE DAILY DISCHARGE MAXIMUM DAILY AVERAGE DAILY DISCHARGE MAXIMUM DAILY METHOD Samples VENTIONAL AND NONCONVENTIONAL COMPOUNDS. HEMICAL OXYGEN BOD-5 LCCLIFCIBRA E COLD ANALYTICAL MI / MDI METHOD METHOD MAXIMUM DAILY METHOD METHOD MAXIMUM DAILY ME / MDI METHOD	Derature (Winter) POLLUTANT MAXIMUM DAILY DISCHARGE POLLUTANT MAXIMUM DAILY AVERAGE DAILY DISCHARGE MONTHLY Corrc: Units Corrc: Units Number of Samples TENTIONAL AND NONCONVENTIONAL COMPOUNDS. IEMICAL OXYGEN BOD-5 DISCHARGE MG/L NUMBER NUMBER AVERAGE DAILY DISCHARGE MONTHLY Corrc: Units Number of Samples TENTIONAL AND NONCONVENTIONAL COMPOUNDS. IEMICAL OXYGEN BOD-5 COLLEGED E COLI < 2 N/CML SUSPENDED SOLIDS (TSS) MG/L MG/L SUSPENDED SOLIDS (TSS) END OF PART A.	Winter) Summer) I please report a minimum and a maximum ALLUTANT LLUTANT Conc. AL AND NONCONVENTIONAL COMPONY OXYGEN BOD-5 AT one) CBOD-5 CBOD-5	DOI MGD	٥.	100	MGD	5 3
peratura (Summer) * For pH please report a minimum and a maximum daily value	perature (Summer) * For pH please report a minimum and a maximum daily value	POLLITANT MAXIMUM DAILY AVERAGE DAILY DISCHARGE ANALYTICAL MI UMDI	POLLUTANT MAXIMUM DAILY AVERAGE DAILY DISCHARGE ANALYTICAL ML //MDL	POLLUTANT MAXIMUM DAILY AVERAGE BATHY DISCHARGE ANALYTICAL ML / MDL DISCHARGE CONC. Units Conc. Units Number of Samples VENTIONAL AND NONCONVENTIONAL COMPOUNDS. HEMICAL OXYGEN BOD-5 23 MG/L 20 MG/L 53 52/08 3.0 mg/L IND (Report one) CBOD-5 L SUSPENDED SOLIDS (TSS) MG/L 2 N/CML 1 92238,29 20 (Mg/L) L SUSPENDED SOLIDS (TSS) MG/L 2 MG/L 53 25400 2.5 mg/L END: OF PART A.	POLLUTANT POLLUTANT MAXIMUM DAILY DISCHARGE Conc. Units Conc. Units Number o Samples ENTIONAL AND NONCONVENTIONAL COMPOUNDS. IEMICAL OXYGEN BOD-5 COULEGER E CONC. Units Number o Samples NO (Report one) CBOD-5 COULEGER E CONC. Units NUMBER AVERAGE BAILY DISCHARGE MONITHLY Number o Samples ENTIONAL AND NONCONVENTIONAL COMPOUNDS. IEMICAL OXYGEN BOD-5 COULEGER E CONT. CONC. Units Number o Samples END: OF PART A.	Summer) I please report a minimum and a maximum LLUTANT DISCHA Corre. AL AND NONCONVENTIONAL COMP OXYGEN BOD-5 Tone) CBOD-5 BBM E COLI < 2	201 1160) 0.			_ <u>53</u>
peratura (Summer) * For pH please report a minimum and a maximum daily value	perature (Summer) * For pH please report a minimum and a maximum daily value	POLLITANT MAXIMUM DAILY AVERAGE DAILY DISCHARGE ANALYTICAL MI UMDI	POLLUTANT MAXIMUM DAILY AVERAGE DAILY DISCHARGE ANALYTICAL ML //MDL	POLLUTANT MAXIMUM DAILY AVERAGE BATHY DISCHARGE ANALYTICAL ML / MDL DISCHARGE CONC. Units Conc. Units Number of Samples VENTIONAL AND NONCONVENTIONAL COMPOUNDS. HEMICAL OXYGEN BOD-5 23 MG/L 20 MG/L 53 52/08 3.0 mg/L IND (Report one) CBOD-5 L SUSPENDED SOLIDS (TSS) MG/L 2 N/CML 1 92238,29 20 (Mg/L) L SUSPENDED SOLIDS (TSS) MG/L 2 MG/L 53 25400 2.5 mg/L END: OF PART A.	POLLUTANT POLLUTANT MAXIMUM DAILY DISCHARGE Conc. Units Conc. Units Number o Samples ENTIONAL AND NONCONVENTIONAL COMPOUNDS. IEMICAL OXYGEN BOD-5 COULEGER E CONC. Units Number o Samples NO (Report one) CBOD-5 COULEGER E CONC. Units NUMBER AVERAGE BAILY DISCHARGE MONITHLY Number o Samples ENTIONAL AND NONCONVENTIONAL COMPOUNDS. IEMICAL OXYGEN BOD-5 COULEGER E CONT. CONC. Units Number o Samples END: OF PART A.	Summer) I please report a minimum and a maximum LLUTANT DISCHA Corre. AL AND NONCONVENTIONAL COMP OXYGEN BOD-5 Tone) CBOD-5 BBM E COLI < 2	201 MG O	7			_ 53
peratura (Summer) * For pH please report a minimum and a maximum daily value	perature (Summer) * For pH please report a minimum and a maximum daily value	POLLITANT MAXIMUM DAILY AVERAGE DAILY DISCHARGE ANALYTICAL MI UMDI	POLLUTANT MAXIMUM DAILY AVERAGE DAILY DISCHARGE ANALYTICAL ML //MDL	POLLUTANT MAXIMUM DAILY AVERAGE BATHY DISCHARGE ANALYTICAL ML / MDL DISCHARGE CONC. Units Conc. Units Number of Samples VENTIONAL AND NONCONVENTIONAL COMPOUNDS. HEMICAL OXYGEN BOD-5 23 MG/L 20 MG/L 53 52/08 3.0 mg/L IND (Report one) CBOD-5 L SUSPENDED SOLIDS (TSS) MG/L 2 N/CML 1 92238,29 20 (Mg/L) L SUSPENDED SOLIDS (TSS) MG/L 2 MG/L 53 25400 2.5 mg/L END: OF PART A.	POLLUTANT POLLUTANT MAXIMUM DAILY DISCHARGE Conc. Units Conc. Units Number o Samples ENTIONAL AND NONCONVENTIONAL COMPOUNDS. IEMICAL OXYGEN BOD-5 COULEGER E CONC. Units Number o Samples NO (Report one) CBOD-5 COULEGER E CONC. Units NUMBER AVERAGE BAILY DISCHARGE MONITHLY Number o Samples ENTIONAL AND NONCONVENTIONAL COMPOUNDS. IEMICAL OXYGEN BOD-5 COULEGER E CONT. CONC. Units Number o Samples END: OF PART A.	Summer) I please report a minimum and a maximum LLUTANT DISCHA Corre. AL AND NONCONVENTIONAL COMP OXYGEN BOD-5 Tone) CBOD-5 BBM E COLI < 2	701 MG 0	3 7			23
peratura (Summer) * For pH please report a minimum and a maximum daily value	perature (Summer) * For pH please report a minimum and a maximum daily value	POLLITANT MAXIMUM DAILY AVERAGE DAILY DISCHARGE ANALYTICAL MI UMDI	POLLUTANT MAXIMUM DAILY AVERAGE DAILY DISCHARGE ANALYTICAL ML //MDL	POLLUTANT MAXIMUM DAILY AVERAGE DAILY DISCHARGE ANALYTICAL ML / MDL POLLUTANT MAXIMUM DAILY AVERAGE DAILY DISCHARGE ANALYTICAL METHOD Conc. Units Conc. Units Number of Samples /ENTIONAL AND NONCONVENTIONAL COMPOUNDS. HEMICAL OXYGEN BOD-5 23 MG/L 20 MG/L 53 52/08 3.0 mg/L ND (Report one) CBOD-5 COLLEGBON E COI <2 N/CML 1 92238,29 20 (MPN/m) L SUSPENDED SOLIDS (TSS)	POLLUTANT POLLUTANT MAXIMUM DAILY DISCHARGE Conc. Units Conc. Units Number o Samples ENTIONAL AND NONCONVENTIONAL COMPOUNDS. IEMICAL OXYGEN BOD-5 COULEGER E CONC. Units Number o Samples NO (Report one) CBOD-5 COULEGER E CONC. Units NUMBER AVERAGE BAILY DISCHARGE MONITHLY Number o Samples ENTIONAL AND NONCONVENTIONAL COMPOUNDS. IEMICAL OXYGEN BOD-5 COULEGER E CONT. CONC. Units Number o Samples END: OF PART A.	Summer) I please report a minimum and a maximum LLUTANT DISCHA Corre. AL AND NONCONVENTIONAL COMP OXYGEN BOD-5 Tone) CBOD-5 BBM E COLI < 2	201 1160) 0.			<u> 53 </u>
perature (Winter) 8 C 5 perature (Summer) 5 * For pH please report a minimum and a maximum daily value	perature (Winter) Perature (Summer) For pH please report a minimum and a maximum daily value	perature (Winter) Secreture (Summer) For pH please report a minimum and a maximum daily value PDI LITANT MAXIMUM DAILY AVERAGE PAILY DISCHARGE ANALYTICAL MILUMDI	perature (Winter) B C 7 C 5 perature (Summer) For pH please report a minimum and a maximum daily value POLLUTANT MAXIMUM DAILY AVERAGE DAILY DISCHARGE ANALYTICAL ML / MDL	perature (Winter) Perature (Winter) For pH please report a minimum and a maximum daily value POLLUTANT MAXIMUM DAILY AVERAGE DAILY DISCHARGE METHOD Conc. Units Number of Samples VENTIONAL AND NONCONVENTIONAL COMPOUNDS. HEMICAL OXYGEN BOD-5 ND (Report one) CBOD-5 COLLEGISM E COI) SUSPENDED SOLIDS (TSS) MGL MGL MAXIMUM DAILY AVERAGE DAILY DISCHARGE MALYTICAL ME / MDI METHOD METHOD METHOD MIGH ANALYTICAL MICHOP METHOD MIGH METHOD MIGH METHOD MIGH MIGH	Derature (Winter) POLLUTANT MAXIMUM DAILY DISCHARGE POLLUTANT MAXIMUM DAILY AVERAGE DAILY DISCHARGE MONTHLY Corrc: Units Corrc: Units Number of Samples TENTIONAL AND NONCONVENTIONAL COMPOUNDS. IEMICAL OXYGEN BOD-5 DISCHARGE MG/L NUMBER NUMBER AVERAGE DAILY DISCHARGE MONTHLY Corrc: Units Number of Samples TENTIONAL AND NONCONVENTIONAL COMPOUNDS. IEMICAL OXYGEN BOD-5 COLLEGED E COLI < 2 N/CML SUSPENDED SOLIDS (TSS) MG/L MG/L SUSPENDED SOLIDS (TSS) END OF PART A.	Winter) Summer) I please report a minimum and a maximum ALLUTANT LLUTANT Conc. AL AND NONCONVENTIONAL COMPONY OXYGEN BOD-5 AT one) CBOD-5 CBOD-5	DOI 1 MGD	٥.	100	WGD	<i>5</i> 3
perature (Winter) 8 C 5 perature (Summer) 5 * For pH please report a minimum and a maximum daily value	perature (Winter) Perature (Summer) For pH please report a minimum and a maximum daily value	perature (Winter) Secreture (Summer) For pH please report a minimum and a maximum daily value PDI LITANT MAXIMUM DAILY AVERAGE PAILY DISCHARGE ANALYTICAL MILUMDI	perature (Winter) B C 7 C 5 perature (Summer) For pH please report a minimum and a maximum daily value POLLUTANT MAXIMUM DAILY AVERAGE DAILY DISCHARGE ANALYTICAL ML / MDL	perature (Winter) Perature (Winter) For pH please report a minimum and a maximum daily value POLLUTANT MAXIMUM DAILY AVERAGE DAILY DISCHARGE METHOD Conc. Units Number of Samples VENTIONAL AND NONCONVENTIONAL COMPOUNDS. HEMICAL OXYGEN BOD-5 ND (Report one) CBOD-5 COLLEGISM E COI) SUSPENDED SOLIDS (TSS) MGL MGL MAXIMUM DAILY AVERAGE DAILY DISCHARGE MALYTICAL ME / MDI METHOD METHOD METHOD MIGH ANALYTICAL MICHOP METHOD MIGH METHOD MIGH METHOD MIGH MIGH	Derature (Winter) POLLUTANT MAXIMUM DAILY DISCHARGE POLLUTANT MAXIMUM DAILY AVERAGE DAILY DISCHARGE MONTHLY Corrc: Units Corrc: Units Number of Samples TENTIONAL AND NONCONVENTIONAL COMPOUNDS. IEMICAL OXYGEN BOD-5 DISCHARGE MG/L NUMBER NUMBER AVERAGE DAILY DISCHARGE MONTHLY Corrc: Units Number of Samples TENTIONAL AND NONCONVENTIONAL COMPOUNDS. IEMICAL OXYGEN BOD-5 COLLEGED E COLI < 2 N/CML SUSPENDED SOLIDS (TSS) MG/L MG/L SUSPENDED SOLIDS (TSS) END OF PART A.	Winter) Summer) I please report a minimum and a maximum ALLUTANT LLUTANT Conc. AL AND NONCONVENTIONAL COMPONY OXYGEN BOD-5 AT one) CBOD-5 CBOD-5	DOI MGD	٥. ا	100	MGD	53
peratura (Summer) * For pH please report a minimum and a maximum daily value	perature (Summer) * For pH please report a minimum and a maximum daily value	POLLITANT MAXIMUM DAILY AVERAGE DAILY DISCHARGE ANALYTICAL MI UMDI	POLLUTANT MAXIMUM DAILY AVERAGE DAILY DISCHARGE ANALYTICAL ML //MDL	POLLUTANT MAXIMUM DAILY AVERAGE BATHY DISCHARGE ANALYTICAL ML / MDL DISCHARGE CONC. Units Conc. Units Number of Samples VENTIONAL AND NONCONVENTIONAL COMPOUNDS. HEMICAL OXYGEN BOD-5 23 MG/L 20 MG/L 53 52/08 3.0 mg/L IND (Report one) CBOD-5 L SUSPENDED SOLIDS (TSS) MG/L 2 N/CML 1 92238,29 20 (Mg/L) L SUSPENDED SOLIDS (TSS) MG/L 2 MG/L 53 25400 2.5 mg/L END: OF PART A.	POLLUTANT POLLUTANT MAXIMUM DAILY DISCHARGE Conc. Units Conc. Units Number o Samples ENTIONAL AND NONCONVENTIONAL COMPOUNDS. IEMICAL OXYGEN BOD-5 COULEGER E CONC. Units Number o Samples NO (Report one) CBOD-5 COULEGER E CONC. Units NUMBER AVERAGE BAILY DISCHARGE MONITHLY Number o Samples ENTIONAL AND NONCONVENTIONAL COMPOUNDS. IEMICAL OXYGEN BOD-5 COULEGER E CONT. CONC. Units Number o Samples END: OF PART A.	Summer) I please report a minimum and a maximum LLUTANT DISCHA Corre. AL AND NONCONVENTIONAL COMP OXYGEN BOD-5 Tone) CBOD-5 BBM E COLI < 2	DOI MGD) 0.			<u>53</u>
peratura (Summer) * For pH please report a minimum and a maximum daily value	perature (Summer) * For pH please report a minimum and a maximum daily value	POLLITANT MAXIMUM DAILY AVERAGE DAILY DISCHARGE ANALYTICAL MI UMDI	POLLUTANT MAXIMUM DAILY AVERAGE DAILY DISCHARGE ANALYTICAL ML //MDL	POLLUTANT MAXIMUM DAILY AVERAGE DAILY DISCHARGE ANALYTICAL ML / MDL POLLUTANT MAXIMUM DAILY AVERAGE DAILY DISCHARGE ANALYTICAL METHOD Conc. Units Conc. Units Number of Samples /ENTIONAL AND NONCONVENTIONAL COMPOUNDS. HEMICAL OXYGEN BOD-5 23 MG/L 20 MG/L 53 52/08 3.0 mg/L ND (Report one) CBOD-5 COLLEGBON E COI <2 N/CML 1 92238,29 20 (MPN/m) L SUSPENDED SOLIDS (TSS)	POLLUTANT POLLUTANT MAXIMUM DAILY DISCHARGE Conc. Units Conc. Units Number o Samples ENTIONAL AND NONCONVENTIONAL COMPOUNDS. IEMICAL OXYGEN BOD-5 COULEGER E CONC. Units Number o Samples NO (Report one) CBOD-5 COULEGER E CONC. Units NUMBER AVERAGE BAILY DISCHARGE MONITHLY Number o Samples ENTIONAL AND NONCONVENTIONAL COMPOUNDS. IEMICAL OXYGEN BOD-5 COULEGER E CONT. CONC. Units Number o Samples END: OF PART A.	Summer) I please report a minimum and a maximum LLUTANT DISCHA Corre. AL AND NONCONVENTIONAL COMP OXYGEN BOD-5 Tone) CBOD-5 BBM E COLI < 2	201 11GU) 0.			_ 53
peratura (Summer) * For pH please report a minimum and a maximum daily value	perature (Summer) * For pH please report a minimum and a maximum daily value	POLLITANT MAXIMUM DAILY AVERAGE DAILY DISCHARGE ANALYTICAL MI UMDI	POLLUTANT MAXIMUM DAILY AVERAGE DAILY DISCHARGE ANALYTICAL ML //MDL	POLLUTANT MAXIMUM DAILY AVERAGE BATHY DISCHARGE ANALYTICAL ML / MDL DISCHARGE CONC. Units Conc. Units Number of Samples VENTIONAL AND NONCONVENTIONAL COMPOUNDS. HEMICAL OXYGEN BOD-5 23 MG/L 20 MG/L 53 52/08 3.0 mg/L IND (Report one) CBOD-5 L SUSPENDED SOLIDS (TSS) MG/L 2 N/CML 1 92238,29 20 (Mg/L) L SUSPENDED SOLIDS (TSS) MG/L 2 MG/L 53 25400 2.5 mg/L END: OF PART A.	POLLUTANT POLLUTANT MAXIMUM DAILY DISCHARGE Conc. Units Conc. Units Number o Samples ENTIONAL AND NONCONVENTIONAL COMPOUNDS. IEMICAL OXYGEN BOD-5 COULEGER E CONC. Units Number o Samples NO (Report one) CBOD-5 COULEGER E CONC. Units NUMBER AVERAGE BAILY DISCHARGE MONITHLY Number o Samples ENTIONAL AND NONCONVENTIONAL COMPOUNDS. IEMICAL OXYGEN BOD-5 COULEGER E CONT. CONC. Units Number o Samples END: OF PART A.	Summer) I please report a minimum and a maximum LLUTANT DISCHA Corre. AL AND NONCONVENTIONAL COMP OXYGEN BOD-5 Tone) CBOD-5 BBM E COLI < 2	0/	7			<u> </u>
peratura (Summer) * For pH please report a minimum and a maximum daily value	perature (Summer) * For pH please report a minimum and a maximum daily value	POLLITANT MAXIMUM DAILY AVERAGE DAILY DISCHARGE ANALYTICAL MI UMDI	POLLUTANT MAXIMUM DAILY AVERAGE DAILY DISCHARGE ANALYTICAL ML //MDL	POLLUTANT MAXIMUM DAILY AVERAGE BATHY DISCHARGE ANALYTICAL ML / MDL DISCHARGE CONC. Units Conc. Units Number of Samples VENTIONAL AND NONCONVENTIONAL COMPOUNDS. HEMICAL OXYGEN BOD-5 23 MG/L 20 MG/L 53 52/08 3.0 mg/L IND (Report one) CBOD-5 L SUSPENDED SOLIDS (TSS) MG/L 2 N/CML 1 92238,29 20 (Mg/L) L SUSPENDED SOLIDS (TSS) MG/L 2 MG/L 53 25400 2.5 mg/L END: OF PART A.	POLLUTANT POLLUTANT MAXIMUM DAILY DISCHARGE Conc. Units Conc. Units Number o Samples ENTIONAL AND NONCONVENTIONAL COMPOUNDS. IEMICAL OXYGEN BOD-5 COULEGER E CONC. Units Number o Samples NO (Report one) CBOD-5 COULEGER E CONC. Units NUMBER AVERAGE BAILY DISCHARGE MONITHLY Number o Samples ENTIONAL AND NONCONVENTIONAL COMPOUNDS. IEMICAL OXYGEN BOD-5 COULEGER E CONT. CONC. Units Number o Samples END: OF PART A.	Summer) I please report a minimum and a maximum LLUTANT DISCHA Corre. AL AND NONCONVENTIONAL COMP OXYGEN BOD-5 Tone) CBOD-5 BBM E COLI < 2	00	. 7	· · · · ·	50	5
peratura (Summer) * For pH please report a minimum and a maximum daily value	Peratura (Summer) * For pH please report a minimum and a maximum daily value	POLLITANT MAXIMUM:DAILY AVERAGE DAILY DISCHARGE ANALYTICAL MI (MD)	POLLUTANT MAXIMUM DAILY AVERAGE DAILY DISCHARGE ANALYTICAL ML / MDL	POLLUTANT MAXIMUM DAILY AVERAGE DAILY DISCHARGE Conc. Units Number of Samples VENTIONAL AND NONCONVENTIONAL COMPOUNDS. HEMICAL OXYGEN BOD-5 LOUIS BOD-5 LOU	POLLUTANT POLLUTANT MAXIMUM DAILY Conc. Units Conc. Units Number o Samples ENTIONAL AND NONCONVENTIONAL COMPOUNDS. IEMICAL OXYGEN BOD-5 COULTANT DISCHARGE MONTHLY Conc. Units Number o Samples ENTIONAL AND NONCONVENTIONAL COMPOUNDS. IEMICAL OXYGEN BOD-5 CBOD-5 COULTANT AVERAGE DAILY DISCHARGE MONTHLY Number o Samples ENTIONAL AND NONCONVENTIONAL COMPOUNDS. IEMICAL OXYGEN BOD-5 CBOD-5 COULTANT AND (Responsione) CBOD-5 COULTANT AND (Responsione) CBOD-5 COULTANT AND (RESPONSIONE) CBOD-5 COULTANT AND (AND AND AND AND AND AND AND AND AND AND	Summer) I please report a minimum and a maximum ILLUTANT Cond: Cond: AL AND NONCONVENTIONAL COMP OXYGEN BOD-5 Tone) CBOD-5 CBOD-5 CBOD-5	1 00	7		<u>'C</u>	5
* For pH please report a minimum and a maximum daily value	* For pH please report a minimum and a maximum daily value	* For pH please report a minimum and a maximum daily value PDI LITANT MAXIMUM DAILY AVERAGE DAILY DISCHARGE ANALYTICAL MI //MDI	* For pH please report a minimum and a maximum daily value POLLUTANT MAXIMUM DAILY AVERAGE DAILY DISCHARGE ANALYTICAL ML / MDL	FOR pH please report a minimum and a maximum daily value POLLUTANT MAXIMUM: DAILY DISCHARGE AVERAGE DAFLY DISCHARGE METHOD Conc. Units Number of Samples VENTIONAL AND NONCONVENTIONAL COMPOUNDS. HEMICAL OXYGEN BOD-5 AD MG/L CONC. Units Number of Samples AD MG/L 53 52/08 A, O mg/L NO (Report one) CBOD-5 COULEDBALE COLLEGBALE COLLEGBALE COLLEGBALE COLLEGBALE COLLEGBALE COLLEGBALE END: OF PART A.	For pH please report a minimum and a maximum daily value POLLUTANT MAXIMUM DAILY DISCHARGE Conc. Units Number of Samples ENTIONAL AND NONCONVENTIONAL COMPOUNDS. IEMICAL OXYGEN BOD-5 CBOD-5 COLLEGIBLE COLL SUSPENDED SOLIDS (TSS) MAXIMUM DAILY AVERAGE DAHLY DISCHARGE NUmber of Samples END OF PART A.	AL AND NONCONVENTIONAL COMPONY GROUP COOLS	<u> </u>			<u>C </u>	5
* For pH please report a minimum and a maximum daily value	* For pH please report a minimum and a maximum daily value	* For pH please report a minimum and a maximum daily value PDI LITANT MAXIMUM DAILY AVERAGE DAILY DISCHARGE ANALYTICAL MI //MDI	* For pH please report a minimum and a maximum daily value POLLUTANT MAXIMUM DAILY AVERAGE DAILY DISCHARGE ANALYTICAL ML / MDL	For pH please report a minimum and a maximum daily value POLLUTANT MAXIMUM DAILY DISCHARGE AVERAGE DAILY DISCHARGE METHOD Conc. Units Number of Samples VENTIONAL AND NONCONVENTIONAL COMPOUNDS. HEMICAL OXYGEN BOD-5 DOLFGROOM E COOL NO (Report one) CBOD-5 COLLEGION E COI SUSPENDED SOLIDS (TSS) MAXIMUM DAILY AVERAGE DAILY DISCHARGE ANALYTICAL MIL /MDL METHOD ANALYTICAL MIL /MDL METHOD MIL /MDL MIL /MDL	For pH please report a minimum and a maximum daily value POLLUTANT MAXIMUM DAILY DISCHARGE Conc. Units Number of Samples ENTIONAL AND NONCONVENTIONAL COMPOUNDS. IEMICAL OXYGEN BOD-5 CBOD-5 COLLEGIBLE COLL SUSPENDED SOLIDS (TSS) MAXIMUM DAILY AVERAGE DAHLY DISCHARGE NUmber of Samples END OF PART A.	AL AND NONCONVENTIONAL COMPONY GROUP COOLS	·—- 				<u> </u>
* For pH please report a minimum and a maximum daily value	* For pH please report a minimum and a maximum daily value	* For pH please report a minimum and a maximum daily value PDI LITANT MAXIMUM DAILY AVERAGE DAILY DISCHARGE ANALYTICAL MI //MDI	* For pH please report a minimum and a maximum daily value POLLUTANT MAXIMUM DAILY AVERAGE DAILY DISCHARGE ANALYTICAL ML / MDL	FOR pH please report a minimum and a maximum daily value POLLUTANT MAXIMUM DAILY AVERAGE DAFLY DISCHARGE MICHAEL METHOD Conc. Units Conc. Units Number of Samples /ENTIONAL AND NONCONVENTIONAL COMPOUNDS. HEMICAL OXYGEN BOD-5 AD MG/L CONC. Units Number of Samples /AD MG/L J J J MG/L J J MG/L J J MG/L J J MG/L J MG/L J MG/L J MG/L S J MG/L S J MG/L MG/L S MG/L MG/L S MG/L MG/L S MG/L MG/L MG/L S MG/L MG/L MG/L MG/L S MG/L MG	For pH please report a minimum and a maximum daily value POLLUTANT MAXIMUM DAILY DISCHARGE Conc. Units Number of Samples ENTIONAL AND NONCONVENTIONAL COMPOUNDS. IEMICAL OXYGEN BOD-5 CBOD-5 COLLEGIBLE COLL SUSPENDED SOLIDS (TSS) MAXIMUM DAILY AVERAGE DAHLY DISCHARGE NUmber of Samples END OF PART A.	AL AND NONCONVENTIONAL COMPONY GROUP COOLS]	
	SERVICE OF THE PROPERTY OF THE	POLITIANT MAXIMUM DAILY AVERAGE DAILY DISCHARGE ANALYTICAL ME / MD	POLLUTANT MAXIMUM DAILY AVERAGE DAILY DISCHARGE ANALYTICAL ML / MDL	POLLUTANT MAXIMUM DAILY AVERAGE DAILY DISCHARGE ANALYTICAL ML /MDL METHOD Conc. Units Conc. Units Number of Samples /ENTHONAL AND NONCONVENTIONAL COMPOUNDS. HEMICAL OXYGEN BOD-5 23 MG/L 20 MG/L 53 52/08 3.0 mg/L ND (Report one) CBOD-5 ECOLIFORM E Coli < 2 N/CML 1 92238.29 20 (MPN/m) SUSPENDED SOLIDS (TSS)	POLLUTANT DISCHARGE AVERAGE DAILY DISCHARGE MONTHLY COTTC: Units Cottc: Units Number of Samples ENTIONAL AND NONCONVENTIONAL COMPOUNDS. IEMICAL OXYGEN BOD-5 23 MG/L 20 MG/L 53 ENDOF PART A.	AL AND NONCONVENTIONAL COMPONYGEN BOD-5 23 Tone) CBOD-5 BBM E COLI < 2	ım daily value				
	始めるのでは、マスカスの、でもある (数は1の4) が高いの面積を1000年前のできまいと からした。 アル・ビュージング・ビュージング・ディースト 4 、2007年(2007年)、「大学、ビュー・ディング	450 POLEUTANT (1980年) TO MAXIMUM PARTIES (1980) AVERAGE (1981) BAILY DISCHARGE (1981) ANALYTICAL (1984) ME (1985) (1	POLLUTANT AVERAGE DAILY DISCHARGE ANALYTICAL ML / MDL	POLLUTANT DISCHARGE AVERAGE BARPYDISCHARGE ANALYTICAL MIL/MOLDISCHARGE MCNTHLY METHOD Conc. Units Conc. Units Number of Samples FENTIONAL AND NONCONVENTIONAL COMPOUNDS. HEMICAL OXYGEN BOD-5 23 MG/L 2D MG/L 53 52/08 3.0 mg/L ND (Respon one) CBOD-5 COLLEGES E CO1 < 2 N/CML < 2 N/CML 1 92238.29 2DL/MPN/m SUSPENDED SOLIDS (TSS) 6 MG/L 6 MG/L 53 25400 2.5 mg/L END OF PART A.	DISCHARGE MONTHLY Conc. Units Conc. Units Number of Samples ENTIONAL AND NONCONVENTIONAL COMPOUNDS. IEMICAL OXYGEN BOD-5 23 MG/L 20 MG/L 53 ND (Report one) CBOD-5 COLLEGES E COLI < 2 N/CML 1 SUSPENDED SOLIDS (TSS)	DISCHARGE CONT. AL AND NONCONVENTIONAL COMPONYGEN BOD-5 23 The one CBOD-5 3 3 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	m daily value			1 . 5	
			THE PROPERTY OF THE PROPERTY O	DISCHARGE MONTHLY METHOD Conc. Units Conc. Units Number of Samples FENTIONAL AND NONCONVENTIONAL COMPOUNDS. HEMICAL OXYGEN BOD-5 23 MG/L 20 MG/L 53 52/08 A.O.ng/L ND (Respont one) CBOD-5 COLLEGIBLE COI < 2 N/CML 1 92238,29 20 (MPN/m) SUSPENDED SOLIDS (TSS)	DISCHARGE MONTHLY Conc. Units Conc. Units Number of Samples ENTIONAL AND NONCONVENTIONAL COMPOUNDS. IEMICAL OXYGEN BOD-5 23 MG/L 20 MG/L 53 ND (Report one) CBOD-5 COLLEGES E COLI < 2 N/CML 1 SUSPENDED SOLIDS (TSS)	DISCHARGE CONT. AL AND NONCONVENTIONAL COMPONYGEN BOD-5 23 The one CBOD-5 3 3 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	OPER DOLLARS AND ASSESSMENT				Tarina da sana
PICOLADE STATE OF THE PROPERTY		これが ましん ひこく とんがはない とまた 佐川 古いたい さいじょう はまり こうかい こうしょう アナバー 東州 こうがん こうまが (1995年) はままます いっぱん こうじん しょうしん	佐藤藤 (大) (1975年 1977年 1	Samples VENTIONAL AND NONCONVENTIONAL COMPOUNDS. HEMICAL OXYGEN BOD-5 23 MG/L 2D MG/L 53 52/08 3.0 mg/L ND (Report one) CBOD-5 COLLEGE E COLI < 2 N/CML 1 92238.29 20 MG/L SUSPENDED SOLIDS (TSS) 6 MG/L 6 MG/L 53 25400 3.5 mg/L END OF PART A.	ENTIONAL AND NONCONVENTIONAL COMPOUNDS. IEMICAL OXYGEN BOD-5 23 MG/L 2D MG/L 53 ND (Resport one) CBOD-5 COLIFCISM E COI <2 N/CML <2 N/CML I SUSPENDED SOLIDS (TSS)	AL AND NONCONVENTIONAL COMPONYGEN BOD-5 23 Introne) CBOD-5 REM E COLI < 2	<u>. ₩ </u>	Same Astronomic	The state of the s	1940年8月1日	#โดสาดไวกนใดค่
DISCHARGE STATE OF THE PROPERTY OF THE PROPERT		物种,还是是在自己的,我们就是一个人的人的人,我们就是一个人的人的人的人的人的人的人的人的人的人的人的人的人的人的人的人的人的人的人的		Samples Semples Sem	ENTIONAL AND NONCONVENTIONAL COMPOUNDS. IEMICAL OXYGEN BOD-5 23 MG/L 2D MG/L 53 ND (Resport one) CBOD-5 COLIFCISM E COI <2 N/CML <2 N/CML I SUSPENDED SOLIDS (TSS)	AL AND NONCONVENTIONAL COMPONYGEN BOD-5 23 Introne) CBOD-5 REM E COLI < 2	A.爱	and Alleria	2012/2014	1.20美的设备金量	化压工 机压缩性
MICHAEL MICHAE			表现最高的现在分词,这是他的感觉的,这个"我们是不是的数量是这种人"她们的一个一点都是一点点的"我们的"就是这一点,这一点,这个"我的特别的"的数据的"我们,我	Samples Samples SENTIONAL AND NONCONVENTIONAL COMPOUNDS. SEMICAL OXYGEN BOD-5 23 MG/L 2D MG/L 53 52/08 2.0 mg/L ND (Report one) CBOD-5 CBOD-5 COLIFCIBE E COI < 2 N/CML 1 92238.29 20 MG/L SUSPENDED SOLIDS (TSS) 6 MG/L 6 MG/L 53 25400 2.5 mg/L END OF PART A.	ENTIONAL AND NONCONVENTIONAL COMPOUNDS. IEMICAL OXYGEN BOD-5 23 MG/L 2D MG/L 53 ND (Resport one) CBOD-5 COLIFCISM E COI <2 N/CML <2 N/CML I SUSPENDED SOLIDS (TSS)	AL AND NONCONVENTIONAL COMPONYGEN BOD-5 23 Introne) CBOD-5 REM E COLI < 2	Fragge To Burn ALL	and the state of t	Alice Paris	16 m. 13. 42 M. Buch	
AN POLEUTANT STATE OF THE PROPERTY OF THE PROP			我的感到我们,我就把她就把我们的自身。你是没有这些女人的,只有什么,你是一般的人都没有的。""这一个一个,不是一个的。""我们的这么是一个人的是一个人们的一个人	ENTIONAL AND NONCONVENTIONAL COMPOUNDS. JEMICAL OXYGEN BOD-5 23 MG/L 2D MG/L 53 52/08 2.0 mg/L ND (Responsione) CBOD-5 SUSPENDED SOLIDS (TSS) 6 MG/L 6 MG/L 53 25400 2.5 mg/L END OF PART A.	ENTIONAL AND NONCONVENTIONAL COMPOUNDS. IEMICAL OXYGEN BOD-5 23 MG/L 2D MG/L 53 ND (Resport one) CBOD-5 COLIFCREN E COI <2 N/CML <2 N/CML I SUSPENDED SOLIDS (TSS)	AL AND NONCONVENTIONAL COMPONYGEN BOD-5 23 Introne) CBOD-5 REM E COLI < 2	Units Con-	16 🤲 All Childe	Number of	Market British British Charles	Server file of the server
DISCHARGE	DISCHARGE		经延迟延迟 医克斯特勒氏 医甲基丙氏试验检尿剂医多方氏 医潜伏性 医皮肤 医多种性 化二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十	ENTIONAL AND NONCONVENTIONAL COMPOUNDS. EMICAL OXYGEN BOD-5 23 MG/L 20 MG/L 53 52/08 2.0 mg/L TO (Respond one) CBOD-5 COLLEGEM E COI) <2 N/CML <2 N/CML I 92238.29 20 MG/L SUSPENDED SOLIDS (TSS) 6 MG/L 6 MG/L 53 25400 2.5 mg/L END OF PART A.	ENTIONAL AND NONCONVENTIONAL COMPOUNDS. EMICAL OXYGEN BOD-5 23 MG/L 2D MG/L 53 ND (Respont one) CBOD-5 COLLEGEM E COI) <2 M/CML <2 N/CML I SUSPENDED SOLIDS (TSS) 6 MG/L 6 M/G/L 53 END-OF PART A.	AL AND NONCONVENTIONAL COMPONYGEN BOD-5 23 Introne) CBOD-5 REM E COLI < 2	"Unite" "atinu"	ic. 🤲 "Unite	'Number of	10 miles high find reason bearing	Party and Friends
DISCHARGE MAINLY METHOD	DISCHARGE		海球球球球形 化双氯基环烷酸 非不可以解决或和政策的证明对抗 医血液性脓肿 建二二十二十分 化二十二烷 美国的美国教育学 化二甲二烷 医二甲二烷	ENTIONAL AND NONCONVENTIONAL COMPOUNDS. EMICAL OXYGEN BOD-5 23 MG/L 20 MG/L 53 52/08 2.0 mg/L TO (Respond one) CBOD-5 COLLEGEM E COI) <2 N/CML <2 N/CML I 92238.29 20 MG/L SUSPENDED SOLIDS (TSS) 6 MG/L 6 MG/L 53 25400 2.5 mg/L END OF PART A.	ENTIONAL AND NONCONVENTIONAL COMPOUNDS. EMICAL OXYGEN BOD-5 23 MG/L 2D MG/L 53 ND (Respont one) CBOD-5 COLLEGEM E COI) <2 M/CML <2 N/CML I SUSPENDED SOLIDS (TSS) 6 MG/L 6 M/G/L 53 END-OF PART A.	AL AND NONCONVENTIONAL COMPONYGEN BOD-5 23 Introne) CBOD-5 REM E COLI < 2	Units Con	ic "Calle Unite	" Number of	Profesional and Charles	
DISCHARGE MONTHLY METHOD	DISCHARGE		THE RESIDENCE OF THE PROPERTY	ENTIONAL AND NONCONVENTIONAL COMPOUNDS. IEMICAL OXYGEN BOD-5 23 MG/L 20 MG/L 53 52/08 2.0 mg/L ND (Respont one) CBOD-5 COLIFORM E COI <2 N/CML <2 N/CML 1 92238.29 20 MG/L SUSPENDED SOLIDS (TSS) 6 MG/L 6 MG/L 53 25400 2.5 mg/L END-OF PART A.	ENTIONAL AND NONCONVENTIONAL COMPOUNDS. IEMICAL OXYGEN BOD-5 23 MG/L 20 MG/L 53 ND (Respont one) CBOD-5 COLIFORNI E COI <2 N/CML <2 N/CML I SUSPENDED SOLIDS (TSS)	OXYGEN BOD-5 23 Introne) CBOD-5 INDUST E COLI < 2	- Jine - Cont	TO CONTRACT OF THE		************************************	
DISCHARGE MONTHLY METHOD	DISCHARGE		Conc. Units Conc. Vinits Number of	ENTIONAL AND NONCONVENTIONAL COMPOUNDS. IEMICAL OXYGEN BOD-5 23 MG/L 20 MG/L 53 52/08 2.0 mg/L ND (Respont one) CBOD-5 COLIFORM E COI <2 N/CML <2 N/CML 1 92238.29 20 MG/L SUSPENDED SOLIDS (TSS) 6 MG/L 6 MG/L 53 25400 2.5 mg/L END-OF PART A.	ENTIONAL AND NONCONVENTIONAL COMPOUNDS. IEMICAL OXYGEN BOD-5 23 MG/L 20 MG/L 53 ND (Respont one) CBOD-5 COLIFORNI E COI <2 N/CML <2 N/CML I SUSPENDED SOLIDS (TSS)	OXYGEN BOD-5 23 Introne) CBOD-5 INDUST E COLI < 2	→ 中間関係計劃企業である。	4.7 <u>2.43</u> (2) (2) (3)	Samples :	Part Proc Service F	Imate Transfer a
DISCHARGE MONTHLY METHOD Conc. Units Conc. Units Number of	DISCHARGE MONTHLY METHOD Conc. Units Conc. Units Number of	Conc. Units Conc. Units Number of	l ar schooler than a colling to the control like the control of the control of the control of the colling of the colling the c	HEMICAL OXYGEN BOD-5 23 MG/L 20 MG/L 53 52/08 2.0 mg/L ND (Resport one) CBOD-5 COLLEGER E COLI < 2. N/CML < 2. N/CML 1 92238.29 20L/MPN/INT. SUSPENDED SOLIDS (TSS) 6 MG/L 6 MG/L 53 25400 2.5 mg/L END OF PART A.	IEMICAL OXYGEN BOD-5 23 MG/L 20 MG/L 53 ND (Respont one) CBOD-5 COLIFCIDE E COLI <2 N/CML <2 N/CML 1 SUSPENDED SOLIDS (TSS) 6 MG/L 6 M/G/L 53 END OF PART A.	OXYGEN BOD-5 23 Introne) CBOD-5 INDUST E COLI < 2			- 281Hp195	1 7 7 3 2 7 7 7	17.5. Oct. 10. 10. 10.
DISCHARGE MONTHLY METHOD Conc. Units Conc. Units Number of	DISCHARGE MONTHLY METHOD Cond: Units Conc. Units Number of	Cond: Units Cond Units Number of	lange hower throughout the contract of the con	IEMICAL OXYGEN BOD-5 23 MG/L 20 MG/L 53 52/08 2.0 mg/L ND (Respont one) CBOD-5 COLLEGER E COLI < 2 N/CML 1 92238.29 20L/MPN/m SUSPENDED SOLIDS (TSS) 6 MG/L 6 MG/L 53 25400 2.5 mg/L END OF PART A.	IEMICAL OXYGEN BOD-5 23 MG/L 20 MG/L 53 ND (Respont one) CBOD-5 COLIFCIDE E COLI <2 N/CML <2 N/CML 1 SUSPENDED SOLIDS (TSS) 6 MG/L 6 M/G/L 53 END OF PART A.	OXYGEN BOD-5 23 Int one) CBOD-5 IRRA E Coli < 2	<u> </u>			<u> 1990 (1990 (1994 - 1</u> 9	<u> 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 </u>
DISCHARGE MONTHLY METHOD Conc. Units Conc. Units Number of	DISCHARGE MONTHLY METHOD Cond: Units Conc. Units Number of	Cond: Units Cond Units Number of	lange hower throughout the contract of the con	IEMICAL OXYGEN BOD-5 23 MG/L 20 MG/L 53 52/08 2.0 mg/L ND (Respont one) CBOD-5 COLLEGER E COLI < 2 N/CML 1 92238.29 20L/MPN/m SUSPENDED SOLIDS (TSS) 6 MG/L 6 MG/L 53 25400 2.5 mg/L END OF PART A.	IEMICAL OXYGEN BOD-5 23 MG/L 20 MG/L 53 ND (Respont one) CBOD-5 COLIFCIDE E COLI <2 N/CML <2 N/CML 1 SUSPENDED SOLIDS (TSS) 6 MG/L 6 M/G/L 53 END OF PART A.	OXYGEN BOD-5 23 Int one) CBOD-5 IRRA E Coli < 2					
DISCHARGE MONTHLY METHOD Conc. Units Conc. Units Number of	DISCHARGE MONTHLY METHOD Conc. Units Conc. Units Number of	Conc. Units Conc. Units Number of	na se institutione calle in allegations of the constraint of the c	EMICAL OXYGEN BOD-5 23 MG/L 2.0 MG/L 53 52/08 2.0 mg/L **DOLIFORM E COLI < 2 N/CML 1 92238.29 25 (MPN/m SUSPENDED SOLIDS (TSS) 6 MG/L 6 MG/L 53 25400 2.5 mg/L END OF PART A.	EMICAL OXYGEN BOD-5 23 MG/L 20 MG/L 53 **DOCKEOBON & COULD	OXYGEN BOD-5 23 Int one) CBOD-5 IRRA E Coli < 2	014470				
DISCHARGE MONTHLY METHOD Conc. Units Conc. Units Number of Samples	Conc. Units Conc. Units Number of Samples	Conc. Units Conc. Units Number of Samples	Samples	EMICAL OXYGEN BOD-5 23 MG/L 20 MG/L 53 52/08 2.0 mg/L ND (Report one) CBOD-5	EMICAL OXYGEN BOD-5 23 MG/L 20 MG/L 53 ND (Report one) CBOD-5	OXYGEN BOD-5 23 Int one) CBOD-5 IRRA E Coli < 2	OUNDS.				1
DISCHARGE MONTHLY METHOD Conc. Units Conc. Units Number of Samples	Conc. Units Conc. Units Number of Samples	Conc. Units Conc. Units Number of Samples	Samples	ND (Respon one) CBOD-5 COLFEDER E COLI < 2 1/CML < 2 N/CML 1 92238.29 20 (MPN/m) SUSPENDED SOLIDS (TSS) 6 MG/L 6 MG/L 53 25400 2.5 mg/L END OF PART A.	ND (Report one) CBOD-5 COLLEGED E COLI < 2 N/CML 1 SUSPENDED SOLIDS (TSS) 6 MG/L 6 M/G/L 53 END:OF PART A.	nt one) CBOD-5			 		
DISCHARGE MONTHLY METHOD Conc. Units Conc. Units Number of Samples	Conc. Units Conc. Units Number of Samples	Conc. Units Conc. Units Number of Samples	Samples	ND (Resport one) CBOD-5	ND (Resport one) CBOD-5 -COLLEGEOR E COLI < 2 N/CML 1 SUSPENDED SOLIDS (TSS)	nt one) CBOD-5		12/4	/ 200	£11: 0	1.
DISCHARGE MONTHLY METHOD Conc. Units Number of Samples ENTIONAL AND NONCONVENTIONAL COMPOUNDS.	Conc. Units Conc. Units Number of Samples ENTIONAL AND NONCONVENTIONAL COMPOUNDS.	Conc. Units Conc. Units Number of Samples ENTIONAL AND NONCONVENTIONAL COMPOUNDS.	ENTIONAL AND NONCONVENTIONAL COMPOUNDS.	SUSPENDED SOLIDS (TSS) 6 MG/L 6 MG/L 53 25400 25 ng/L END OF PART A.	**D (Resport one) CBOD-5 **COLIFORM E COL) < 2	nt one) CBOD-5	MCIL! 20	Y Male	/ 27	153/Na 1	120mile
DISCHARGE MONTHLY METHOD Conc. Units Number of Samples ENTIONAL AND NONCONVENTIONAL COMPOUNDS.	Conc. Units Conc. Units Number of Samples ENTIONAL AND NONCONVENTIONAL COMPOUNDS.	Conc. Units Conc. Units Number of Samples ENTIONAL AND NONCONVENTIONAL COMPOUNDS.	ENTIONAL AND NONCONVENTIONAL COMPOUNDS.	SUSPENDED SOLIDS (TSS) 6 MG/L 6 MG/L 53 25400 25 mg/L END OF PART A.	SUSPENDED SOLIDS (TSS) (MG/L (MG/L 53) END OF PART A.	E Coli <2	11101-10-1	<u> العالة لي</u>	<u> </u>	JOLIUD	100 mail-
DISCHARGE MONTHLY METHOD Conc. Units Number of Samples ENTIONAL AND NONCONVENTIONAL COMPOUNDS.	Conc. Units Conc. Units Number of Samples ENTIONAL AND NONCONVENTIONAL COMPOUNDS.	Cond: Units Cond: Units Number of Samples ENTIONAL AND NONCONVENTIONAL COMPOUNDS.	ENTIONAL AND NONCONVENTIONAL COMPOUNDS.	SUSPENDED SOLIDS (TSS) 6 MG/L 6 MG/L 53 25400 25 mg/L END OF PART A.	SUSPENDED SOLIDS (TSS) 6 MG/L 6 MG/L 53 END-OF PART A.	E Coli <2	• • •				
DISCHARGE MATHLY METHOD Cond: Units Cond: Units Number of Samples ENTIONAL AND NONCONVENTIONAL COMPOUNDS. SEMICAL OXYGEN BOD-5 23 MG/L 20 MG/L 53 52/08 3.0 mg/L	ENTIONAL AND NONCONVENTIONAL COMPOUNDS. TEMICAL OXYGEN BOD-5 23 MG/L 20 MG/L 53 52/08 3.0 mg/L	Conc. Units Conc. Units Number of Samples ENTIONAL AND NONCONVENTIONAL COMPOUNDS. IEMICAL OXYGEN BOD-5 23 MG/L 20 MG/L 53 52/08 3.0 mg/L	ENTIONAL AND NONCONVENTIONAL COMPOUNDS. JEMICAL OXYGEN BOD-5 23 MG/L 20 MG/L 53 52/08 3.0 mg/L	END OF PART A.	SUSPENDED SOLIDS (TSS) (MG/L (MG/L 53) END OF PART A.	E Coli <2		1		1	1
DISCHARGE MONTHLY METHOD Cond: Units Cond: Units Number of Samples ENTINNAL AND NONCONVENTIONAL COMPOUNDS. IEMICAL OXYGEN BOD-5 23 MG/L 20 MG/L 53 52/08 3.0 mg/L	ENTIONAL AND NONCONVENTIONAL COMPOUNDS. JEMICAL OXYGEN BOD-5 23 MG/L 20 MG/L 53 52/08 3.0 mg/L	Conc. Units Conc. Units Number of Samples ENTIONAL AND NONCONVENTIONAL COMPOUNDS. IEMICAL OXYGEN BOD-5 23 MG/L 20 MG/L 53 52/08 3.0 mg/L	ENTIONAL AND NONCONVENTIONAL COMPOUNDS. JEMICAL OXYGEN BOD-5 23 MG/L 20 MG/L 53 52/08 3.0 mg/L	SUSPENDED SOLIDS (TSS) 6 MG/L 6 MG/L 53 25400 25 mg/L END OF PART A.	SUSPENDED SOLIDS (TSS) 6 MG/L 6 MG/L 53 END OF PART A.		410	I.		021224	3. 7. 1
DISCHARGE MONTHLY METHOD Conc. Units Conc. Units Number of Samples FENTIONAL AND NONCONVENTIONAL COMPOUNDS. JEMICAL OXYGEN BOD-5 23 MG/L 2D MG/L 53 52/08 A.O Mg/L ND (Report one) CBOD-5	ENTIONAL AND NONCONVENTIONAL COMPOUNDS. IEMICAL OXYGEN BOD-5 23 MG/L 2D MG/L 53 52/08 3.0 mg/L ND (Report one) CBOD-5	Conc. Units Conc. Units Number of Samples TENTIONAL AND NONCONVENTIONAL COMPOUNDS. TEMICAL OXYGEN BOD-5 23 MG/L 2D MG/L 53 52/08 A.O.Mg/L. ND (Report one) CBOD-5	PENTIONAL AND NONCONVENTIONAL COMPOUNDS. REMICAL OXYGEN BOD-5 23 MG/L 20 MG/L 53 52/08 3.0 mg/L ND (Report one) CBOD-5	SUSPENDED SOLIDS (TSS) 6 MG/L 6 MG/L 53 25400 25 mg/L END OF PART A.	SUSPENDED SOLIDS (TSS) 6 MG/L 6 MG/L 53 END OF PART A		NICML <2		ncl /	17223B.2A	200 MBN/1001
DISCHARGE MONTHLY METHOD Conc. Units Conc. Units Number of Samples FENTIONAL AND NONCONVENTIONAL COMPOUNDS. HEMICAL OXYGEN BOD-5 23 MG/L 2D MG/L 53 52/08 3.0 mg/L ND (Respont one) CBOD-5	DISCHARGE MONTHLY METHOD Conc. Units Conc. Units Number of Samples VENTIONAL AND NONCONVENTIONAL COMPOUNDS. HEMICAL OXYGEN BOD-5 23 MG/L 2D MG/L 53 52/08 3.0 mg/L ND (Report one) CBOD-5	Conc. Units Conc. Units Number of Samples FENTIONAL AND NONCONVENTIONAL COMPOUNDS. HEMICAL OXYGEN BOD-5 23 MG/L 2D MG/L 53 52/08 A.O.Mg/L ND (Respont one) CBOD-5	VENTIONAL AND NONCONVENTIONAL COMPOUNDS. HEMICAL OXYGEN BOD-5 23 MG/L 2D MG/L 53 52/08 3.0 mg/L ND (Report one) CBOD-5	END OF PART A	END OF PARTA.	NDED SOLIDS (TSS) 1/2	344.67.	1			
DISCHARGE MONTHLY METHOD Conc. Units Conc. Units Number of Samples /ENTIDNAL AND NONCONVENTIONAL COMPOUNDS. HEMICAL OXYGEN BOD-5 23 MG/L 2-D MG/L 53 52/08 3.0 mg/L ND (Report one) CBOD-5 COULEGED E COLI < 2 N/CML 1 92238.29 20 (MRN/m)	DISCHARGE MONTHLY METHOD Conc. Units Conc. Units Number of Samples /ENTHONAL AND NONCONVENTIONAL COMPOUNDS. HEMICAL OXYGEN BOD-5 23 MG/L 20 MG/L 53 52/08 3.0 mg/L ND (Report one) CBOD-5 COULEGED E COLI < 2 N/CML 1 92238.29 20 (MRN/m)	Conc. Units Conc. Units Number of Samples VENTIONAL AND NONCONVENTIONAL COMPOUNDS. HEMICAL OXYGEN BOD-5 23 MG/L 20 MG/L 53 52/08 3.0 mg/L ND (Report one) CBOD-5 CCOLIFCIBIN E Coli < 2 N/CML 1 92238.29 25 (MRN/IN)	FENTIONAL AND NONCONVENTIONAL COMPOUNDS. HEMICAL OXYGEN BOD-5 23 MG/L 2D MG/L 53 52/08 3.0 mg/L ND (Resport one) CBOD-5 COLLEGED E COLÎ < 2 N/CML 1 92238.20 20 (MRN/m)	END OF PARTA	END OF PARTA.		MULL /	i n/i∧ i	16 57	MSYNN	1.1 A. A
DISCHARGE MONTHLY METHOD Conc. Units Conc. Units Number of Samples /ENTIDNAL AND NONCONVENTIONAL COMPOUNDS. HEMICAL OXYGEN BOD-5 23 MG/L 2D MG/L 53 52/08 3.0 mg/L ND (Report one) CBOD-5 COLIFORM E COLI < 2 N/CML 1 92238.29 20 (MRN/m)	DISCHARGE MONTHLY METHOD Conc. Units Conc. Units Number of Samples /ENTHONAL AND NONCONVENTIONAL COMPOUNDS. HEMICAL OXYGEN BOD-5 23 MG/L 2D MG/L 53 52/08 3.0 mg/L ND (Report one) CBOD-5 COLIFCIBILE E COLÎ < 2 N/CML 1 92238.29 20 (MRN/m)	Conc. Units Conc. Units Number of Samples VENTIONAL AND NONCONVENTIONAL COMPOUNDS. HEMICAL OXYGEN BOD-5 23 MG/L 20 MG/L 53 52/08 3.0 mg/L ND (Report one) CBOD-5 CCOLIFCIBIN E Coli < 2 N/CML 1 92238.29 25 (MRN/IN)	FENTIONAL AND NONCONVENTIONAL COMPOUNDS. HEMICAL OXYGEN BOD-5 23 MG/L 2D MG/L 53 52/08 3.0 mg/L ND (Resport one) CBOD-5 COLLEGED E COLÎ < 2 N/CML 1 92238.20 20 (MRN/m)	END OF PARTA	유럽에서는 교육하다 가난 경우 전에 가는 그 전문에 가는 사람들이 하면 그 사람들이 되는 것으로 가는 것이 가는 하는 것이다. 그는 것이 되는 것이 되는 것이다.		$\mu \cup \mu = \mu \cup \mu$		~ U U J	<u> </u>	OS MIL
DISCHARGE MONTHLY METHOD Conc. Units Conc. Units Number of Samples /ENTIDNAL AND NONCONVENTIONAL COMPOUNDS. HEMICAL OXYGEN BOD-5 23 MG/L 2D MG/L 53 52/08 3.0 mg/L ND (Report one) CBOD-5 COLIFORM E COLI < 2 N/CML 1 92238.29 20 (MRN/m)	DISCHARGE MONTHLY METHOD Conc. Units Conc. Units Number of Samples /ENTHONAL AND NONCONVENTIONAL COMPOUNDS. HEMICAL OXYGEN BOD-5 23 MG/L 2D MG/L 53 52/08 3.0 mg/L ND (Report one) CBOD-5 COLIFCIBILE E COLÎ < 2 N/CML 1 92238.29 20 (MRN/m)	Conc. Units Conc. Units Number of Samples VENTIONAL AND NONCONVENTIONAL COMPOUNDS. HEMICAL OXYGEN BOD-5 23 MG/L 20 MG/L 53 52/08 3.0 mg/L ND (Report one) CBOD-5 CCOLLEGER E COI < 2 N/CML 1 92238.29 25 (MRN/IN)	FENTIONAL AND NONCONVENTIONAL COMPOUNDS. HEMICAL OXYGEN BOD-5 23 MG/L 2D MG/L 53 52/08 3.0 mg/L ND (Resport one) CBOD-5 COLLEGED E COLÎ < 2 N/CML 1 92238.20 20 (MRN/m)	New	유럽에서는 교육하다 가난 경우 전에 가는 그 전문에 가는 사람들이 하면 그 사람들이 되는 것으로 가는 것이 가는 하는 것이다. 그는 것이 되는 것이 되는 것이다.	* P	**************************************				
DISCHARGE MONTHLY METHOD Conc. Units Conc. Units Number of Samples /ENTIDNAL AND NONCONVENTIONAL COMPOUNDS. HEMICAL OXYGEN BOD-5 23 MG/L 2D MG/L 53 52/08 3.0 mg/L ND (Report one) CBOD-5 COLIFORM E COLI < 2 N/CML 1 92238.29 20 (MRN/m)	DISCHARGE MONTHLY METHOD Conc. Units Conc. Units Number of Samples /ENTHONAL AND NONCONVENTIONAL COMPOUNDS. HEMICAL OXYGEN BOD-5 23 MG/L 2D MG/L 53 52/08 3.0 mg/L ND (Report one) CBOD-5 COLIFCIBILE E COLÎ < 2 N/CML 1 92238.29 20 (MRN/m)	Conc. Units Conc. Units Number of Samples VENTIONAL AND NONCONVENTIONAL COMPOUNDS. HEMICAL OXYGEN BOD-5 23 MG/L 20 MG/L 53 52/08 3.0 mg/L ND (Report one) CBOD-5 CCOLLEGER E COI < 2 N/CML 1 92238.29 25 (MRN/IN)	FENTIONAL AND NONCONVENTIONAL COMPOUNDS. HEMICAL OXYGEN BOD-5 23 MG/L 2D MG/L 53 52/08 3.0 mg/L ND (Resport one) CBOD-5 COLLEGED E COLÎ < 2 N/CML 1 92238.20 20 (MRN/m)	New	유럽에서는 교육하다 가난 경우 전에 가는 그 전문에 가는 사람들이 하면 그 사람들이 되는 것으로 가는 것이 가는 하는 것이다. 그는 것이 되는 것이 되는 것이다.	ti attimatin pri carbati — Triparen	医髓囊囊炎 医抗动物毒性	经对待的证据 禁止人	and the second		
DISCHARGE MONTHLY METHOD Conc. Units Conc. Units Number of Samples /ENTIDNAL AND NONCONVENTIONAL COMPOUNDS. HEMICAL OXYGEN BOD-5 23 MG/L 2D MG/L 53 52/08 3.0 mg/L ND (Report one) CBOD-5 COLIFORM E COLI < 2 N/CML 1 92238.29 20 (MRN/m)	DISCHARGE MONTHLY METHOD Conc. Units Conc. Units Number of Samples /ENTHONAL AND NONCONVENTIONAL COMPOUNDS. HEMICAL OXYGEN BOD-5 23 MG/L 2D MG/L 53 52/08 3.0 mg/L ND (Report one) CBOD-5 COLIFCIBILE E COLÎ < 2 N/CML 1 92238.29 20 (MRN/m)	Conc. Units Conc. Units Number of Samples VENTIONAL AND NONCONVENTIONAL COMPOUNDS. HEMICAL OXYGEN BOD-5 23 MG/L 20 MG/L 53 52/08 3.0 mg/L ND (Report one) CBOD-5 CCOLLEGER E COI < 2 N/CML 1 92238.29 25 (MRN/IN)	FENTIONAL AND NONCONVENTIONAL COMPOUNDS. HEMICAL OXYGEN BOD-5 23 MG/L 2D MG/L 53 52/08 3.0 mg/L ND (Resport one) CBOD-5 COLLEGED E COLÎ < 2 N/CML 1 92238.20 20 (MRN/m)	New	유럽에서는 교육하다 가난 경우 전에 가는 그 전문에 가는 사람들이 하면 그 사람들이 되는 것으로 가는 것이 가는 하는 것이다. 그는 것이 되는 것이 되는 것이다.	회사 회에 되었다면 보았던데 그 회의의 회사			garanta mengahi	g ngar Chata	
DISCHARGE MONTHLY METHOD Conc. Units Conc. Units Number of Samples /ENTIDNAL AND NONCONVENTIONAL COMPOUNDS. HEMICAL OXYGEN BOD-5 23 MG/L 2-D MG/L 53 52/08 3.0 mg/L ND (Report one) CBOD-5 COULEGED E COLI < 2 N/CML 1 92238.29 20 (MRN/m)	DISCHARGE MONTHLY METHOD Conc. Units Conc. Units Number of Samples /ENTHONAL AND NONCONVENTIONAL COMPOUNDS. HEMICAL OXYGEN BOD-5 23 MG/L 20 MG/L 53 52/08 3.0 mg/L ND (Report one) CBOD-5 COULEGED E COLI < 2 N/CML 1 92238.29 20 (MRN/m)	Conc. Units Conc. Units Number of Samples VENTIONAL AND NONCONVENTIONAL COMPOUNDS. HEMICAL OXYGEN BOD-5 23 MG/L 20 MG/L 53 52/08 3.0 mg/L ND (Report one) CBOD-5 CCOLLEGER E COI < 2 N/CML 1 92238.29 25 (MRN/IN)	FENTIONAL AND NONCONVENTIONAL COMPOUNDS. HEMICAL OXYGEN BOD-5 23 MG/L 2D MG/L 53 52/08 3.0 mg/L ND (Resport one) CBOD-5 COLLEGED E COLÎ < 2 N/CML 1 92238.20 20 (MRN/m)	\$P\$\$P\$在,我\$P\$\$P\$\$P\$11 \$P\$\$P\$\$P\$在我的最后的,我还想到这一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个	유럽에서는 교육하다 가난 경우 전에 가는 그 전문에 가는 사람들이 하면 그 사람들이 되는 것으로 가는 것이 가는 하는 것이다. 그는 것이 되는 것이 되는 것이다.	医外部性隐含 医克勒氏管 医克勒氏管	ENDOFF	DADTA		医间隔电流检验	
DISCHARGE MONTHLY METHOD Conc. Units Number of Samples /ENTIONAL AND NONCONVENTIONAL COMPOUNDS. HEMICAL OXYGEN BOD-5 23 MG/L 2D MG/L 53 52/08 3.0 mg/L ND (Report one) CBOD-5 COLLEGIBLE E COLI < 2 M/CML 1 92238.29 20 (MG/L/MCM/MM) SUSPENDED SOLIDS (TSS) 6 MG/L 6 MG/L 53 25400 2.5 mg/L	DISCHARGE MONTHLY METHOD Corre: Units Conc. Units Number of Samples VENTIONAL AND NONCONVENTIONAL COMPOUNDS. HEMICAL OXYGEN BOD-5 23 MG/L 2D MG/L 53 52/08 3.0 mg/L ND (Report one) CBOD-5 COLLEGED E COLI < 2 1/CML < 2 N/CML 1 92238.29 20 (MGN/M) SUSPENDED SOLIDS (TSS) 6 MG/L 6 MG/L 53 25400 2.5 mg/L	Conc. Units Conc. Units Number of Samples VENTIONAL AND NONCONVENTIONAL COMPOUNDS. HEMICAL OXYGEN BOD-5 23 MG/L 2D MG/L 53 52/08 3.0 mg/L ND (Report one) CBOD-5 COLLEGED E COI < 2 1/CML < 2 N/CML 1 92238.29 20 (MG/L) SUSPENDED SOLIDS (TSS) 6 MG/L 6 MG/L 53 25400 2.5 mg/L	Samples Sam	New	유럽에서는 교육하다 가난 경우 전에 가는 그 전문에 가는 사람들이 하면 그 사람들이 되는 것으로 가는 것이 가는 하는 것이다. 그는 것이 되는 것이 되는 것이다.	\$P\$1.4. 多多次的1990年,中国的基础的	: :::::::END::OF™	PAKIA.	er en de la desta	a gray part to the	
DISCHARGE MONTHLY METHOD Conc. Units Conc. Units Number of Samples /ENTIONAL AND NONCONVENTIONAL COMPOUNDS. HEMICAL OXYGEN BOD-5 23 MG/L 20 MG/L 53 52/08 3.0 mg/L ND (Report one) CBOD-5 COLLEGIBLE E COLI < 2 N/CML 1 92238.29 20 (MG/L/MCN/MC) L SUSPENDED SOLIDS (TSS) 6 MG/L 6 MG/L 53 25400 2.5 mg/L	DISCHARGE MONTHLY METHOD Corre: Units Conc. Units Number of Samples VENTIONAL AND NONCONVENTIONAL COMPOUNDS. HEMICAL OXYGEN BOD-5 23 MG/L 2D MG/L 53 52/08 3.0 mg/L ND (Report one) CBOD-5 COLLEGED E COLI < 2 N/CML 1 92238.29 20 (MGN/M) L SUSPENDED SOLIDS (TSS) 6 MG/L 6 MG/L 53 25400 2.5 mg/L	Conc. Units Conc. Units Number of Samples VENTIONAL AND NONCONVENTIONAL COMPOUNDS. HEMICAL OXYGEN BOD-5 23 MG/L 2D MG/L 53 52/08 3.0 mg/L ND (Report one) CBOD-5 COLLEGED E COI < 2 1/CML < 2 N/CML 1 92238.29 20 (MG/L) SUSPENDED SOLIDS (TSS) 6 MG/L 6 MG/L 53 25400 2.5 mg/L	Samples Sam	FER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FOR	数2. 地区 网络加利亚 化连毛环 人名德格特 大大 人名英格兰斯特人名 网络特拉斯人名 人名英格兰姓氏斯人名 医多克氏管 医多克氏管 化二氯化		LIND OF T	i nakaranya i 📖	1 July 13 1 1 4 15	医胸侧线 化铁铁 医电影	化二乙氯氯化锑 经基础 化麻
DISCHARGE MONTHLY METHOD Conc. Units Number of Samples FENTIONAL AND NONCONVENTIONAL COMPOUNDS. HEMICAL OXYGEN BOD-5 23 MG/L 20 MG/L 53 52/08 3.0 mg/L ND (Report one) CBOD-5 COLLEGED E COLI < 2 M/CML 1 92238.29 20 (MG/L/MW/M) SUSPENDED SOLIDS (TSS) 6 MG/L 6 MG/L 53 25400 2.5 mg/L	DISCHARGE MONTHLY METHOD CONC. Units Conc. Units Number of Samples VENTIONAL AND NONCONVENTIONAL COMPOUNDS. HEMICAL OXYGEN BOD-5 23 MG/L 2D MG/L 53 52/08 3.0 mg/L ND (Report one) CBOD-5 COLLEGED E COI < 2 1/CML < 2 N/CML 1 92238.29 20 (MGN/M) SUSPENDED SOLIDS (TSS) 6 MG/L 6 MG/L 53 25400 2.5 mg/L	Conc. Units Conc. Units Number of Samples VENTIONAL AND NONCONVENTIONAL COMPOUNDS. HEMICAL OXYGEN BOD-5 23 MG/L 2D MG/L 53 52/08 3.0 mg/L ND (Report one) CBOD-5 COLLEGED E COI < 2 1/CML < 2 N/CML 1 92238.29 20 (MG/L) SUSPENDED SOLIDS (TSS) 6 MG/L 6 MG/L 53 25400 2.5 mg/L	Samples Sam	HER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FOR	الأناك والأحماء المستحدين والمستحدث والمتحدد والمناور ويقي فيؤتم ومواق فرار ومناور والمروس والمتحدد	الرواقية الرواقية المراقية ال مراقية المراقية المر					<u>1호 전</u> 경인 등 하는 사람
DISCHARGE MONTHLY METHOD Conc. Units Conc. Units Number of Samples FENTIONAL AND NONCONVENTIONAL COMPOUNDS. HEMICAL OXYGEN BOD-5 23 MG/L 2D MG/L 53 52/08 3.0 mg/L ND (Respont one) CBOD-5 COLLEGIBLE COLI < 2 M/CML 1 92238.29 2D (MRV/m) SUSPENDED SOLIDS (TSS) 6 MG/L 6 MG/L 53 25400 2.5 mg/L END-OF PART A.	DISCHARGE MONTHLY METHOD Conc. Units Conc. Units Number of Samples FENTIONAL AND NONCONVENTIONAL COMPOUNDS. FEMICAL OXYGEN BOD-5 23 MG/L 2D MG/L 53 52/08 3.0 mg/L ND (Report one) CBOD-5 COLLEGES E COLI < 2 N/CML 1 92238.29 25/00 2.5 mg/L SUSPENDED SOLIDS (TSS) 6 MG/L 6 MG/L 53 25/00 2.5 mg/L END: OF PART A.	Conc. Units Conc. Units Number of Samples FENTIONAL AND NONCONVENTIONAL COMPOUNDS. HEMICAL OXYGEN BOD-5 23 MG/L 2D MG/L 53 52/08 3.0 mg/L NO (Respond one) CBOD-5 SOCIETIES E COLI < 2 N/CML 1 92238.29 20 (MG/L) SUSPENDED SOLIDS (TSS) 6 MG/L 6 MG/L 53 25400 2.5 mg/L END-OF PART A.	Samples Sam	CER BUTTILE METERICATION OVERVIEW TO DETERMINE WINDER CARTER PARTS OF FOR	SED TO THE ADDITIONAL OVERVIEW TO DETERMINE WORK	O THE ADDITION OF	WEDWIENN TO F	O ETERMINI	IE MILLIOU !	ATHED DAY	TO OF FOR
DISCHARGE MONTHLY METHOD Conc. Units Conc. Units Number of Samples FENTIONAL AND NONCONVENTIONAL COMPOUNDS. HEMICAL OXYGEN BOD-5 23 MG/L 2D MG/L 53 52/08 3.0 mg/L ND (Respont one) CBOD-5 COLLEGIBLE COLI < 2 M/CML 1 92238.29 2D (MRV/m) SUSPENDED SOLIDS (TSS) 6 MG/L 6 MG/L 53 25400 2.5 mg/L END-OF PART A.	DISCHARGE MONTHLY METHOD Conc. Units Conc. Units Number of Samples FENTIONAL AND NONCONVENTIONAL COMPOUNDS. FEMICAL OXYGEN BOD-5 23 MG/L 2D MG/L 53 52/08 3.0 mg/L ND (Report one) CBOD-5 COLLEGES E COLI < 2 N/CML 1 92238.29 25/00 2.5 mg/L SUSPENDED SOLIDS (TSS) 6 MG/L 6 MG/L 53 25/00 2.5 mg/L END: OF PART A.	Conc. Units Conc. Units Number of Samples FENTIONAL AND NONCONVENTIONAL COMPOUNDS. HEMICAL OXYGEN BOD-5 23 MG/L 2D MG/L 53 52/08 3.0 mg/L NO (Respond one) CBOD-5 SOCIETIES E COLI < 2 N/CML 1 92238.29 20 (MG/L) SUSPENDED SOLIDS (TSS) 6 MG/L 6 MG/L 53 25400 2.5 mg/L END-OF PART A.	Samples Sam		SER BUTTHE APPEICATION OVERVIEW TO DETERMINE WHICH	U (ME APPLICATION O	VERVIEW TO E	した I:EKMIN	IE WHICH (JUHER PAR	CIS OF FOR
DISCHARGE MONTHLY METHOD Conc. Units Conc. Units Number of Samples FENTIONAL AND NONCONVENTIONAL COMPOUNDS. JEMICAL OXYGEN BOD-5 23 MG/L 2D MG/L 53 52/08 A.O Mg/L ND (Report one) CBOD-5 COULEGED E COI < 2 M/CML 1 92238.29 2D (MG/L/M/M) SUSPENDED SOLIDS (TSS) 6 MG/L 6 MG/L 53 25400 2.5 mg/L END-OF PART A.	DISCHARGE MONTHLY METHOD Conc. Units Conc. Units Number of Samples ENTIONAL AND NONCONVENTIONAL COMPOUNDS. IEMICAL OXYGEN BOD-5 23 MG/L 2D MG/L 53 52/08 3.0 mg/L ND (Report one) CBOD-5 COLLEGES E CO 1 < 2 N/CML 1 92238.29 25(MPN/ID) SUSPENDED SOLIDS (TSS) 6 MG/L 6 MG/L 53 25400 2.5 mg/L END-OF PART A.	Conc. Units Conc. Units Number of Samples TENTIONAL AND NONCONVENTIONAL COMPOUNDS. TEMICAL OXYGEN BOD-5 23 MG/L 2D MG/L 53 52/08 A.O Mg/L ND (Report one) CBOD-5 COLLEGED E COI < 2 M/CML 1 92238.29 20 (MG/L) SUSPENDED SOLIDS (TSS) 6 MG/L 6 MG/L 53 25400 2.5 mg/L END-OF PART A.	Samples Sam		Company of the property of the property of the party of t		A AND A STATE OF THE PARTY OF T			~ : - : - : : : : : : : : : : : : : : :	COUNTRY OF TURI
DISCHARGE MONTHLY METHOD Conc. Units Conc. Units Number of Samples /ENTIONAL AND NONCONVENTIONAL COMPOUNDS. HEMICAL OXYGEN BOD-5 23 MG/L 20 MG/L 53 52/08 3.0 mg/L ND (Report one) CBOD-5 COLLEGIBLE E COLO < 2 N/CML 1 92238.29 20 (MG/L/MCN/IM) L SUSPENDED SOLIDS (TSS) 6 MG/L 6 MG/L 53 25400 2.5 mg/L	DISCHARGE MONTHLY METHOD Conc. Units Conc. Units Number of Samples VENTIONAL AND NONCONVENTIONAL COMPOUNDS. HEMICAL OXYGEN BOD-5 23 MG/L 2D MG/L 53 52/08 3.0 mg/L ND (Report one) CBOD-5 COLLEGIBLE COLL < 2 N/CML 1 92238.29 20 (MPN/ID) L SUSPENDED SOLIDS (TSS) 6 MG/L 6 MG/L 53 25400 2.5 mg/L END OF PART A	Conc. Units Conc. Units Number of Samples FENTIONAL AND NONCONVENTIONAL COMPOUNDS. HEMICAL OXYGEN BOD-5 23 MG/L 2D MG/L 53 52/08 3.0 mg/L NO (Respond one) CBOD-5 SOCIETIES E COLI < 2 N/CML 1 92238.29 20 (MG/L) SUSPENDED SOLIDS (TSS) 6 MG/L 6 MG/L 53 25400 2.5 mg/L END-OF PART A.	Samples VENTIONAL AND NONCONVENTIONAL COMPOUNDS. HEMICAL OXYGEN BOD-5 23 MG/L 2D MG/L 53 52/08 3.0 mg/L ND (Report one) CBOD-5 COLLEGEN E COLI < 2 N/CML 1 92238.29 25 (MPN/m) SUSPENDED SOLIDS (TSS) 6 MG/L 6 MG/L 53 25400 3.5 mg/L END OF PART A	我这一条的时间的时候,我们就是一个大概的时候,但是不是有效的时候,我们是一个一个时间,我们就是一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一	2A YOU MUST COMPLETE	addreid a 有整定整体 (1962年1988年)	24 VON BRIDE	and the second of the second		g en skij gabije en di	فقعأ الأعديدين أجربي

Form Approved 1/14/99 OMB Number 2040-0086

ŀ	٠.	laway Elenestary School VA0088561
.B/	\S	IC APPLICATION INFORMATION
PA	RT	B. ADDITIONAL ARPLICATION INFORMATION FOR APPLICANTS WITH A DESIGN FLOW GREATER THAN OR EQUAL TO 0.1 MGD (100,000 gallons per day). icants with a design flow rate ≥ 0.1 mgd must answer questions B:1.through B:6. All others go to Part C (Certification).
All.a	appl	icants with a design flow rate ≥ 0.1 mgd must answer questions B:1 through B:6. All others go to Part C (Certification).
B.1.	. 1	nflow and Infiltration. Estimate the average number of gallons per day that flow into the treatment works from inflow and/or infiltration.
	E	nefly explain any steps underway or planned to minimize inflow and infiltration.
B.2.	n	opographic Map. Attach to this application a topographic map of the area extending at least one mile beyond facility property boundaries. This hap must show the outline of the facility and the following information. (You may submit more than one map if one map does not show the entire
		The age sure undires the treatment plant impliciting all unit progressors
		 The area surrounding the treatment plant, including all unit processes. The major pipes or other structures through which wastewater enters the treatment works and the pipes or other structures through which treated wastewater is discharged from the treatment plant. Include outfalls from bypass piping, if applicable.
	С	Each well where wastewater from the treatment plant is injected underground.
	đ	Wells, springs, other surface water bodies, and drinking water wells that are: 1) within 1/4 mile of the property boundaries of the treatment works, and 2) listed in public record or otherwise known to the applicant.
	e	Any areas where the sewage sludge produced by the treatment works is stored, treated, or disposed.
	ſ.	If the treatment works receives waste that is classified as hazardous under the Resource Conservation and Recovery Act (RCRA) by truck, rail, or special pipe, show on the map where that hazardous waste enters the treatment works and where it is treated, stored, and/or disposed.
B.3.	po de	ocess Flow Diagram or Schematic. Provide a diagram showing the processes of the treatment plant, including all bypass piping and all backup wer sources or redundancy in the system. Also provide a water balance showing all treatment units, including disinfection (e.g., chlorination and chlorination). The water balance must show daily average flow rates at influent and discharge points and approximate daily flow rates between alment units. Include a brief narrative description of the diagram.
B.4.	Op	peration/Maintenance Performed by Contractor(s).
		e any operational or maintenance aspects (related to wastewater treatment and effluent quality) of the treatment works the responsibility of a atractor?YesNo
		es, list the name, address, telephone number, and status of each contractor and describe the contractor's responsibilities (attach additional pages ecessary).
	Na	me:
	Ма	iling Address:
	Tel	ephone Number:
	Re:	sponsibilities of Contractor:
	unc trea	neduled Improvements and Schedules of Implementation. Provide information on any uncompleted implementation schedule or completed plans for improvements that will affect the wastewater treatment, effluent quality, or design capacity of the treatment works. If the structure that works has several different implementation schedules or is planning several improvements, submit separate responses to question B.5 for the charge of the treatment implementation schedules or is planning several improvements, submit separate responses to question B.5 for the charge of the charge
	a,	List the outfall number (assigned in question A.9) for each outfall that is covered by this implementation schedule.
	b.	Indicate whether the planned improvements or implementation schedule are required by local, State, or Federal agencies. YesNo

FACILITY NAME AND PERMIT NUMBER: Form Approved 1/14/99 OMB Number 2040-0086 Callaway Elenestry Shool VA 0088561 If the answer to B.5.b is "Yes," briefly describe, including new maximum daily inflow rate (if applicable). Provide dates imposed by any compliance schedule or any actual dates of completion for the implementation steps listed below, as applicable. For improvements planned independently of local, State, or Federal agencies, indicate planned or actual completion dates, as applicable. Indicate dates as accurately as possible. Actual Completion Schedule MM / DD / YYYY MM / DD / YYYY Implementation Stage - Begin construction - End construction ___/ ___/ ____ - Begin discharge - Attain operational level Have appropriate permits/clearances concerning other Federal/State requirements been obtained? _____Yes Describe briefly: B.6. EFFLUENT TESTING DATA (GREATER THAN O.1 MGD ONLY). Applicants that discharge to waters of the US must provide effluent testing data for the following parameters. Provide the indicated effluent testing required by the permitting authority for each outfall through which effluent is discharged. Do not include information on combined sewer overflows in this section. All information reported must be based on data collected through analysis conducted using 40 CFR Part 136 methods. In addition, this data must comply with QA/QC requirements of 40 CFR Part 136 and other appropriate QA/QC requirements for standard methods for analytes not addressed by 40 CFR Part 136. At a minimum, effluent testing data must be based on at least three pollutant scans and must be no more than four and one-half years old. Outfall Number: AVERAGE DAILY DISCHARGE MAXIMUM DAILY DISCHARGE POLLUTANT ANALYTICAL Units Number of ML / MDL Samples METHOD: CONVENTIONAL AND NONCONVENTIONAL COMPOUNDS. AMMONIA (as N) CHLORINE (TOTAL RESIDUAL, TRC) DISSOLVED OXYGEN TOTAL KJELDAHL NITROGEN (TKN) NITRATE PLUS NITRITE **NITROGEN** OIL and GREASE PHOSPHORUS (Total) TOTAL DISSOLVED SOLIDS (TDS) OTHER END OF PART B. REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM

2A YOU MUST COMPLETE

· · ·		~~~					
FACILITY NAME AND PERMIT NUMBER:		(4, 0)	Form Approved 1/14/99 OMB Number 2040-0086				
Callauxin Elementary School BASIC APPLICATION INFORMAT	VA 0088561	MAR 1 1 2010					
BASIC APPLICATION INFORMAT	TION .						
							
PART C. CERTIFICATION	· · ·	4-00					
All applicants must complete the Certification Section applicants must complete all applicable sections of For completed and are submitting. By signing this certifica that apply to the facility for which this application is sult	m 2A, as explained in the Applica tion statement, applicants confirm	ition Overview. Indicate below wh	ich parts of Form 2A you have				
Indicate which parts of Form 2A you have co	mpleted and are submitting:						
Basic Application Information packet Supplemental Application Information packet:							
	Part D (Expanded Ef	fluent Testing Data)					
	Part E (Toxicity Testi	ing: Biomonitoring Data)					
	Part F (Industrial Use	er Discharges and RCRA/CERCL	A Wastes)				
	Part G (Combined Se	ewer Systems)					
ALL APPLICANTS MUST COMPLETE THE FOLLO	WING CERTIFICATION.						
I certify under penalty of law that this document and all to assure that qualified personnel properly gather and e system or those persons directly responsible for gather complete. I am aware that there are significant penaltic violations.	valuate the information submitted ing the information, the informatio	 Based on my inquiry of the pers in is, to the best of my knowledge 	on or persons who manage the and belief, true, accurate, and				
Name and official title	s H. Lackey	, Division !	Supt.				
Signature	le N Jack	ez	_				
Telephone number 540 -	483-5138	J					
Date signed	<u>ग्रीविश्</u>						
Upon request of the permitting authority, you must submor identify appropriate permitting requirements.	nit any other information necessar	y to assess wastewater treatmen	t practices at the treatment works				

SEND COMPLETED FORMS TO:

CACIL	ITV	MARKE	AND	DEDMIT	NUMBER:

Form Approved 1/14/99 OMB Number 2040-0086

Callaway Elementery School VA 0088561

SUPPLEMENTAL APPLICATION INFORMATION

PART D. EXPANDED EFFLUENT TESTING DATA

Refer to the directions on the cover page to determine whether this section applies to the treatment works.

Effluent Testing: 1.0 mgd and Pretreatment Treatment Works. If the treatment works has a design flow greater than or equal to 1.0 mgd or it has (or is required to have) a pretreatment program, or is otherwise required by the permitting authority to provide the data, then provide effluent testing data for the following pollutants. Provide the indicated effluent testing information and any other information required by the permitting authority for each outfall through which effluent is discharged. Do not include information or combined sewer overflows in this section. All information reported must be based on data collected through analyses conducted using 40 CFR Part 136 methods. In addition, these data must comply with QA/QC requirements of 40 CFR Part 136 and other appropriate QA/QC requirements for standard methods for analytes not addressed by 40 CFR Part 136. Indicate in the blank rows provided below any data you may have on pollutants not specifically listed in this form. At a minimum, effluent testing data must be based on at least three pollutant scans and must be no more than four and one-half years old.

POLLUTANT		MAXIML	JM:DAIL	Υ	A	VERAGE	DAILY	DISCH	ARGE	Linux Skingraling	11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	Conc.	DISCI- Units	IARGE Mass	Units	Conc.	Units	Mass	Units	Number of Samples		ML/MDL
METALS (TOTAL RECOVERABLE), C	YANIDE,	PHENOL	S, AND H	ARDNES	s.						
ANTIMONY											
ARSENIC									<u> </u>		
BERYLLIUM											
CADMIUM .											
CHROMIUM							j				
COPPER											
LEAD								1			
MERCURY										:	
NICKEL											
SELENIUM											
SILVER					-						
THALLIUM											
ZINC					-						
CYANIDE	:										 -
TOTAL PHENOLIC COMPOUNDS	~										
HARDNESS (AS CaCO ₃)											
Use this space (or a separate sheet) to	orovide inf	ormation	on other r	nelais rec	uested by	the perm	ııl writer.				

Collaway Elementary School VA008BS61 (Complete once for each outfall discharging effluent to waters of the United States.) Oulfall number: _____ POLLUTANT: MAXIMUM DAILY AVERAGE DAILY DISCHARGE. DISCHARGE Units : Conc. Mass' ANALYTICAL : Units: 'Units' Number : ML/ MDL , Conc. Units Mass of METHOD Samples VOLATILE ORGANIC COMPOUNDS. ACROLEIN ACRYLONITRILE BENZENE BROMOFORM CARBON TETRACHLORIDE CLOROBENZENE CHLORODIBROMO-METHANE CHLOROETHANE 2-CHLORO-ETHYLVINYL ETHER CHLOROFORM DICHLOROBROMO-METHANE 1,1-DICHLOROETHANE 1,2-DICHLOROETHANE TRANS-1,2-DICHLORO-ETHYLENE 1,1-DICHLOROETHYLENE 1,2-DICHLOROPROPANE 1,3-DICHLORO-PROPYLENE STHYLBENZENE METHYL BROMIDE METHYL CHLORIDE METHYLENE CHLORIDE 1,1,2,2-TETRACHLORO-ETHANE TETRACHLORO-ETHYLENE TOLUENE

Form Approved 1/14/99 OMB Number 2040-0086

Callawing Elementary School VA 00 88561

Outfall number: (Complete once for each outfall discharging effluent to waters of the United States.) Outfall number: __ POLLUTANT. MAXIMUM DAILY AVERAGE DAILY DISCHARGE :.DISCHARGE ANALYTICAL Units Conc. Units Mass Units Number ML/'MDL Conc. : Units: Mass METHOD . of Samples 1,1,1-TRICHLOROETHANE 1,1,2-TRICHLOROETHANE TRICHLORETHYLENE VINYL CHLORIDE Use this space (or a separate sheet) to provide information on other volatile organic compounds requested by the permit writer. ACID-EXTRACTABLE COMPOUNDS P-CHLORO-M-CRESOL 2-CHLOROPHENOL 2,4-DICHLOROPHENOL 2,4-DIMETHYLPHENOL 4,6-DINITRO-O-CRESOL 2,4-DINITROPHENOL 2-NITROPHENOL 4-NITROPHENOL PENTACHLOROPHENOL PHENOL 2,4,6-TRICHLOROPHENOL Use this space (or a separate sheet) to provide information on other acid-extractable compounds requested by the permit writer. BASE-NEUTRAL COMPOUNDS. ACENAPHTHENE **ACENAPHTHYLENE** ANTHRACENE BENZIDINE BENZO(A)ANTHRACENE

and the second s							·				
BENZO(A)PYRENE						1					
FACILITY NAME AND PERMIT	NUMBER	:							- -		roved 1/14/99 ber 2040-0086
Callaway Elements	214 S	hool	_VA	ගුපුදු	<u> 561</u>						
Outfall number:	(Comple	te once	for each	outfall di	ischargin	g effluer	nt to wate	ers of the	e United State	es.)	
POLLUTANT	, ,		JM DAIL HARGE		. A'	VERAG	E DAILY	DISCH	ARGE		
	Conc.	.Units.	Mass	Units	Conc.		Mass	Units	Number of	ANALYTICAL METHOD	ML/:MDL
3,4 BENZO-FLUORANTHENE		74. 7					-		Samples	<u> </u>	<u> </u>
BENZO(GHI)PERYLENE							- 	 			
BENZO(K)FLUORANTHENE					-						
BIS (2-CHLOROETHOXY) METHANE				_							
BIS (2-CHLOROETHYL)-ETHER											
BIS (2-CHLOROISO-PROPYL) ETHER								_			
BIS (2-ETHYLHEXYL) PHTHALATE			-								
4-BROMOPHENYL PHENYL ETHER											
BUTYL BENZYL PHTHALATÉ											-
2-CHLORONAPHTHALENE											
4-CHLORPHENYL PHENYL ETHER											
CHRYSENE						_					<u>-</u>
DI-N-BUTYL PHTHALATE											····
DI-N-OCTYL PHTHALATE											
DIBENZO(A,H) ANTHRACENE									·		
,2-DICHLOROBENZENE											
.3-DICHLOROBENZENE							<u> </u>				
4-DICHLOROBENZENE					_						
3-DICHLOROBENZIDINE						-				_	
DIETHYL PHTHALATE						_					
METHYL PHTHALATE		_					·			***	
4-DINITROTOLUENE		_				-	-			_	
6-DINITROTOLUENE	1										{
PA Form 3510-2A (Rev. 1-99). Rep	laces EP.	A forms	7550-6 8	7550-2	2.						Page 13 of 21

1,2-DIPHENYLHYDRAZINE		<u> </u>		<u> </u>	<u> </u>		<u> </u>	<u> </u>	<u> </u>		<u> </u>
FACILITY NAME AND PERMIT				.				•		OMB Num	roved 1/14/99 nber 2040-0086
Callaway Elementary Outfall number:	Schoo	<u> </u>	1400	<u> 885</u>	61						
	(Comple	ete once	for each	outfall d	ischarging	g effluer	it to wate	ers of the	United State		r
POLLUTANŢ	· .	MAXIMU ⊡DISCI	UM DAIL' HARGE	Y	A	√ERAG!	E DAILY	DISCH	ARGE		
	Conc.	Units	Mass	Units	Conc	1::-	Mass	1 .	Number of Samples	ANALYTICAL METHOD	ML/MDL
FLUORANTHENE		 							оапрос		
FLUORENE											
HEXACHLOROBENZENE											
HEXACHLOROBUTADIENE											
HEXACHLOROCYCLO- PENTADIENE											
HEXACHLOROETHANE		 									
INDENO(1,2,3-CD)PYRENE			ļ								
ISOPHORONE			ļ——								
NAPHTHALENE		!			<u> </u>						
NITROBENZÉNE											-—
N-NITROSODI-N-PROPYLAMINE											
N-NITROSODI- METHYLAMINE											
N-NITROSODI-PHENYLAMINE		-									<u> </u>
PHENANTHRENE	<u> </u>										
PYRENE	1										
1,2,4-TRICHLOROBENZENE Use this space (or a separate sheet) to	o provide infi	ormation	on other t	base-neul	iral compo	unds req	uested by	the perm	nit writer.		
400 mg spars (s. 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2	T										
Use this space (or a separate sheet) to	provide infe	ormation	on other p	oollutants	(e.g., pest	icides) re	quested t	y the pe	rmit writer.		
		1					ل				
PERSON TO THE ARR	1 10 AT	·ON (OF P	1.0	-	⊏ \A/L	UCU OT	UCD DADTO	or cons
REFER TO THE APP	LICATI				VUST				IICH O	DEN PARIO	OF FURIN

Form Approved 1/14/99 OMB Number 2040-0086

Callaway Elementary Chaol VA 0088561

SUPPLEMENTAL APPLICATION INFORMATION

PART E. TOXICITY TESTING DATA

POTWs:meeting one or more of the following criteria must provide the results of whole effluent toxicity tests for acute or chronic toxicity for each of the facility's discharge points: 1) POTWs with a design flow rate greater than or equal to 1.0 mgd; 2) POTWs with a pretreatment program (or those that are required to have one under 40 CFR Part 403); or 3) POTWs required by the permitting authority to submit data for these parameters.

- At a minimum, these results must include quarterly testing for a 12-month period within the past 1 year using multiple species (minimum of two species), or the results from four tests performed at least annually in the four and one-half-years prior to the application, provided the results show no appreciable toxicity, and testing for acute and/or chronic toxicity, depending on the range of receiving water dilution. Do not include information on combined sewer overflows in this section. All information reported must be based on data collected through analysis conducted using 40 CFR Part 136 methods. In addition, this data must comply with QA/QC requirements of 40 CFR Part 136 and other appropriate QA/QC requirements for standard methods for analytes not addressed by 40 CFR Part 136.
- In addition, submit the results of any other whole effluent toxicity tests from the past four and one-half-years. If a whole effluent toxicity test
 conducted during the past four and one-half years revealed toxicity, provide any information on the cause of the toxicity or any results of a
 toxicity reduction evaluation, if one was conducted.

requested in question E:4 for p If lest summaries are available If no biomonitoring data is required, do not	any of the information requested in Pa reviously submitted information. If El that contain all of the information requested the Applic complete Part E. Refer to the Applic	irt E, you need not submit it again. Rath PA methods were not used, report the r uested below, they may be submitted in	easons for using alternate methods. place of Part E. other sections of the form to					
E.1. Required Tests.	E.1. Required Tests.							
Indicate the number of whole effluent toxicity tests conducted in the past four and one-half years.								
chronicacute								
E.2. Individual Test Data. Complete the following chart for each whole effluent toxicity test conducted in the last four and one-half years. Allow one column per test (where each species constitutes a test). Copy this page if more than three tests are being reported.								
	Test number:	Test number:	Test number:					
a. Test information.								
Test species & test method number								
Age at initiation of test								
Outfall number								
Dates sample collected								
Date lest started								
Duration								
b. Give toxicity test methods followed,								
Manual title								
Edition number and year of publication								
Page number(s)								
c. Give the sample collection method	c. Give the sample collection method(s) used. For multiple grab samples, indicate the number of grab samples used.							
24-Hour composite								
Grab								
d. Indicate where the sample was take	ten in relation to disinfection. (Check a	all that apply for each)						
Before disinfection	,							
After disinfection			0					
After dechlorination								

FACILITY NAME AND PERMIT NUMBER: Form Approved 1/14/99 OMB Number 2040-0086 Calloway Elementary School VADOBBS61 Test number:_ Test number:_____ Test number:___ e. Describe the point in the treatment process at which the sample was collected. Sample was collected: 1. For each test, include whether the test was intended to assess chronic toxicity, acute toxicity, or both. Chronic toxicity Acute toxicity g. Provide the type of test performed. Static Static-renewal Flow-through h. Source of dilution water. If laboratory water, specify type; if receiving water, specify source. Laboratory water Receiving water i. Type of dilution water. It salt water, specify "natural" or type of artificial sea salts or brine used. Fresh water Salt water j. Give the percentage effluent used for all concentrations in the test series. k. Parameters measured during the test. (State whether parameter meets lest method specifications) pН Salinity Temperature Ammonia Dissolved oxygen I. Test Results. Acute: % Percent survival in 100% % % effluent LC_{50} 95% C.I. % % %

%

Control percent survival

Other (describe)

%

%

FACILITY NAME AND PERMIT NUMBER:	:		Form Approved 1/14/99 OMB Number 2040-0086
Callaway Elementary Sol	MO088561		
Chronic:	<u>_</u>	, <u></u>	
NOEC	%	%	%
IC ₂₅	%	%	%
Control percent survival	%	%	%
Olher (describe)			
m. Quality Control/Quality Assurance.			
Is reference toxicant data available?			
Was reference loxicant lest within acceptable bounds?			
What date was reference toxicant test run (MM/DD/YYYY)?			
Other (describe)	-		
E.3. Toxicity Reduction Evaluation. Is the		ity Reduction Evaluation?	
E.4. Summary of Submitted Biomonitorin of toxicity, within the past four and one-results.	half years, provide the dates the info	ubmitted biomonitoring test information, rmalion was submitted to the permitting	or information regarding the cause authority and a summary of the
Date submitted:	_ (MM/DD/YYYY)		•
Summary of results: (see instructions)			
REFER TO THE APPLICATI	END OF PA	TERMINE WHICH OTHE	R PARTS OF FORM

EPA Form 3510-2A (Rev. 1-99). Replaces EPA forms 7550-6 & 7550-22.

Form Approved 1/14/99 OMB Number 2040-0086

Callaway Elementury School VACOB8561

SU	JPPLEMENTAL APPLICATION INFORMATION
PA	RT F. INDUSTRIAL USER DISCHARGES AND RCRA/CERCLA WASTES
Alkt	treatment works receiving discharges from significant industrial users or which receive RCRA CERCLA, or other remedial wastes must nplete Part F.
GE	NERAL INFORMATION:
F.1.	Pretreatment Program. Does the treatment works have, or is it subject to, an approved pretreatment program?
	YesNo
F.2.	Number of Significant Industrial Users (SIUs) and Categorical Industrial Users (CIUs). Provide the number of each of the following types of industrial users that discharge to the treatment works.
	a. Number of non-categorical SIUs.
	b. Number of CIUs.
SIG	INIFICANT INDUSTRIAL USER INFORMATION:
Supr	ply the following Information for each SIU. If more than one SIU discharges to the treatment works, copy questions F.3 through F.8 and it is the information requested for each SIU.
F.3.	Significant industrial User Information. Provide the name and address of each SIU discharging to the treatment works. Submit additional pages as necessary.
	Name:
	Molling Address:
	Mailing Address:
F.4.	Industrial Processes. Describe all of the industrial processes that affect or contribute to the SIU's discharge.
F.5.	Principal Product(s) and Raw Material(s). Describe all of the principal processes and raw materials that affect or contribute to the SIU's discharge.
	Principal product(s):
	Raw material(s):
F.6.	Flow Rate.
	 Process wastewater flow rate. Indicate the average daily volume of process wastewater discharged into the collection system in gallons per day (gpd) and whether the discharge is continuous or intermittent.
	gpd (continuous orintermittent)
	 Non-process wastewater flow rate. Indicate the average daily volume of non-process wastewater flow discharged into the collection system in gallons per day (gpd) and whether the discharge is continuous or intermittent.
	gpd (continuous orintermittent)
F.7.	Pretreatment Standards. Indicate whether the SIU is subject to the following:
	a. Local limits Yes No
	Categorical pretreatment standardsYesNo
	If subject to categorical pretreatment standards, which category and subcategory?

FAC	LITY NAME AND PERMIT NUMBER:	Form Approved 1/14/99 OMB Number 2040-0086
Co	llawing Elementery School VADO 88561	
F.B.	Problems at the Treatment Works Attributed to Waste Discharged by the upsets, interference) at the treatment works in the past three years?	e SIU. Has the SIU caused or contributed to any problems (e.g.,
	YesNo If yes, describe each episode.	
i		
ļ		
	A HAZARDOUS WASTE RECEIVED BY TRUCK, RAIL, OR DED	
F.9.	RCRA Waste. Does the treatment works receive or has it in the past three ye Yes No (go to F.12.)	ars received RCRA hazardous waste by truck, rail, or dedicated pipe?
F,10.	Waste Transport. Method by which RCRA waste is received (check all that	apply):
	TruckRailDedicated Pipe	
F.11.	Waste Description. Give EPA hazardous waste number and amount (volum	e or mass, specify units).
	EPA Hazardous Waste Number Amount	<u>Units</u>
	CLA (SUPERFUND) WASTEWATER, RCRA REMEDIATION/COF ON WASTEWATER, AND OTHER REMEDIAL ACTIVITY WASTE	
F.12.	Remediation Waste. Does the treatment works currently (or has it been notif	ied that it will) receive waste from remedial activities?
	Yes (complete F.13 through F.15.)No	
	Provide a list of sites and the requested information (F.13 - F.15.) for each cur	rrent and future site.
F.13.	Waste Origin. Describe the site and type of facility at which the CERCLA/RC	RA/or other remedial waste originates (or is expected to originate in
	the next five years).	
	Pollutants. List the hazardous constituents that are received (or are expected (Attach additional sheets if necessary).	to be received). Include data on volume and concentration, if known.
F.15.	Waste Treatment.	
	a. Is this waste treated (or will it be treated) prior to entering the treatment wor	ks?
	YesNo	
	If yes, describe the treatment (provide information about the removal efficient	ncy):
!	b. Is the discharge (or will the discharge be) continuous or intermittent?	
	ContinuousIntermittent f intermittent, de	scribe discharge schedule.
	en de la companya de	
	END OF PAR	化二甲基磺基磺基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲
REF	ER TO THE APPLICATION OVERVIEW TO DETI 2A YOU MUST CO	さず、 Mine がため、 1994年4月前 4 で かいしょく ロー・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・
	ZA POD WIGST GO	[14] [[[[[[] [[] [[] [[] [[] [[] [[] [[] [

Form Approved 1/14/99 OMB Number 2040-0086

了**感情的**是是有一种的一种,不是一种的一种,但是不是一种的一种。

Callawry Elenestery School VA0088561

SUPPLEMENTAL APPLICATION INFORMATION

PART G. COMBINED SEWER SYSTEMS

If the treatment works has a combined sewer system, complete Part G.

- G.1. System Map. Provide a map indicating the following: (may be included with Basic Application Information)
 - a. All CSO discharge points.
 - b. Sensitive use areas potentially affected by CSOs (e.g., beaches, drinking water supplies, shellfish beds, sensitive aquatic ecosystems, and outstanding natural resource waters).
 - c. Waters that support threatened and endangered species potentially affected by CSOs.
- G.2. System Diagram. Provide a diagram, either in the map provided in G.1. or on a separate drawing, of the combined sewer collection system that includes the following information:
 - a. Locations of major sewer trunk lines, both combined and separate sanitary.

Complete questions G.3 through G.6 once for each CSO discharge point.

- b. Locations of points where separate sanitary sewers feed into the combined sewer system.
- c. Locations of in-line and off-line storage structures.
- d. Locations of flow-regulating devices.
- e. Locations of pump stations.

CSO OUTFALLS:

G.3. De	scription of Outfall.		
a.	Outfall number		
b.	Location		
		(City or town, if applicable)	(Zip Code)
		(County)	(State)
		(Latilude)	(Longitude)
C.	Distance from shore (if ap	oplicable)	ft.
d.	Depth below surface (if ap	oplicable)	ft.
e.	Which of the following we	re monitored during the last year for this CS	0?
	Rainfall	CSO pollutant concentrations	CSO frequency
	CSO flow volume	Receiving water quality	
f.	How many storm events w	vere monitored during the last year?	
G.4. CS) Events.		

a. Give the number of CSO events in the last year.

b. Give the average duration per CSO event.

____ events (___ actual or ___ approx.)

hours (____ actual or ____ approx.)

FACILITY NAME AND PERMIT NUMBER: Form Approved 1/14/99 OMB Number 2040-0086 Calloway Elementry School VAODESSED c. Give the average volume per CSO event. _ million galions (_____ actual or ____ approx.) d. Give the minimum rainfall that caused a CSO event in the last year. inches of rainfall G.5. Description of Receiving Waters. a. Name of receiving water: b. Name of watershed/river/stream system: ___ United States Soil Conservation Service 14-digit watershed code (if known): c. Name of State Management/River Basin: _ United States Geological Survey 8-digit hydrologic cataloging unit code (if known): G.6. CSO Operations. Describe any known water quality impacts on the receiving water caused by this CSO (e.g., permanent or intermittent beach closings, permanent or intermittent shell fish bed closings, fish kills, fish advisories, other recreational loss, or violation of any applicable State water quality standard). END/OF PART G REFER TO THE APPLICATION OVERMEW TO DETERMINE WHICH OTHER PARTS OF FORM 2A YOU MUST COMPLETE.

VPDES PERMIT APPLICATION ADDENDUM - SUPPLEMENTARY INFORMATION

A.	<u>Gen</u>	eral Information							
	1.	Entity to whom the permit is to be issued: Franklia County Public Schools Who will be legally responsible for the wastewater treatment facilities and compliance with the permit? This may or may not be the facility or property owner.							
	2.	Classify the discharge as one of the following by checking the appropriate line:							
		a. Existing discharge							
		b. Proposed discharge							
		c. Proposed expansion of an existing discharge							
	3.	Year the current wastewater treatment facility began operation: 1962							
В.	<u>Loc</u>	ation							
	1.	Is this facility located within city or town boundaries? Y/N							
	2.	(New Issuances & Modifications Only) What is the tax map parcel number for the land where this facility is located?							
	3.	For the facility to be covered by this permit, how many acres will be disturbed during the next five years due to new construction activities?							
	4.	What is the total acreage of the property on which the treatment plant is located? 9.12 acres							
	5.	Attach to the back of this application a location map(s) which may be traced from or is/are a production of a U.S. Geological Survey topographic quadrangle(s) or other appropriately scaled contour map(s). The location map(s) shall show the following:							
		a. Treatment Plant							
		b. Discharge point							
		c. Receiving waters							
		d. Boundaries of the property on which the treatment plant is located, or to be located.							
		e. Distance from the treatment plant to the nearest: (Indicate "not applicable" for any distance							
		greater than 2000 feet) i. Residence							
		ii. Distribution line for potable water supply							
		iii. Reservoir, well, or other source of water supply							
		iv. Recreational area							
		f. Distance from the discharge point to the nearest:							
		(Indicate "not applicable" for any distance greater than 15 miles)							
		i. Downstream community							
		ii. Upstream and downstream water intake points							
		iii. Shellfishing waters							
		iv. Wetlands area							
		v. Downstream impoundment vi. Downstream recreational area							
		VI. LOUVIISH CAH I TOUCAHUHAL ALCA							

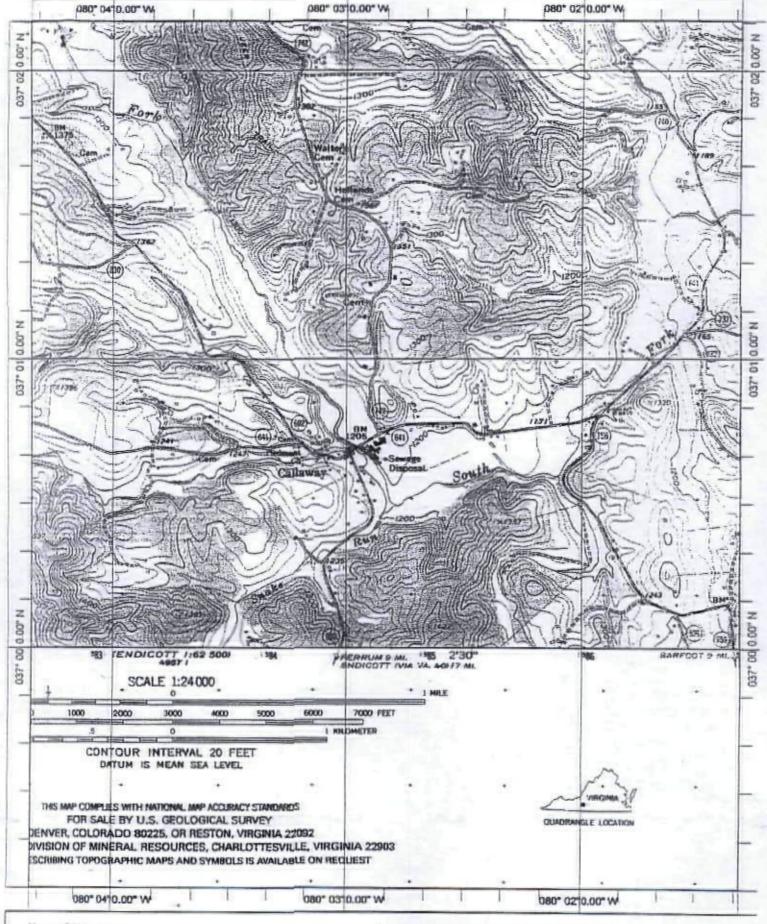
' • I •	
Addendum - Supplementary Information	
Page 2 of 3	

C.	Discharge	Description
∙.	DISCHALED	Describuon

1.	Provide a brief description of the wastewater treatment scheme. Also, attach to the back of this application, a process flow diagram showing each process unit of the treatment plant, including all bypass piping and all backup power sources or redundancy in the system.
c C	Wastewater is discharged into two parallel septic tanks. From there it enters a pump station. It is pumped intermittantly to a siphon tank. From the siphon tank it enters a splitter box and is directed to two of three sand beds. From the sand beds it enters a kirected to two of three sand beds. From the sand beds it enters a hlorine contact tank, where it is Chlorinated on influent and
•	e-chlorinated on effluent then discharged to the receiving
•	streum.
2.	What is the design average flow of this facility? O. DOIG MGD Industrial facilities: What is the max. 30-day avg. production level (include units)?
3.	In addition to the above design flow or production level, should the permit be written with limits for any other discharge flow tiers or production levels? Y/N
	If "Yes", please specify the other flow tiers (in MGD) or production levels:
4.	Nature of operations generating wastewater: Public Elementary School
	Number of private residences to be served by the wastewater treatment facilities: 1-4950 or more
	O % of flow from non-domestic connections/sources
5.	Mode of discharge:Continuous & Intermittent & Seasonal Describe frequency and duration of intermittent or seasonal discharges: Siphon tank runs intermittently ZD minutes per cycle
6.	Identify the characteristics of the receiving stream at the point just above the facility's discharge point:
	Y Permanent stream, never dry Intermittent stream, usually flowing, sometimes dry
	Ephemeral stream, wet-weather flow, often dry
	Effluent-dependent stream, usually or always dry
	Lake or pond at or below the discharge point Other:

Addendum - Supplementary Information Page 3 of 3

E.	Anticipated Phasing Schedule for Plant Capacity - Proposed / Expanding Discharges									
	If this application is for a proposed or expanded discharge(s), complete the phasing schedule below beginning with the year in which construction completion is anticipated and progressing in increments of 5 years for 30 years thereafter.									
	Proposed Design Capacity: MGD									
	Anticipated Date of Construction Completion:,									
	Years after Completion Projected Flow (MGD)									
	0 5 10 15 20 25 30									
F.	Interim Facilities									
	Are the wastewater treatment facilities interim? (designed for a useful life of less than 5 years)									
	YesNo									
	If so, provide the estimated date to be discontinued (month, year), and the name and location of the intended replacement facility.									
	Name / Location									



Name: CALLAWAY Date: 11/9/99

Scale: 1 inch equals 2000 feet

Location: 037" 00" 40,2" N 080" 02" 50.4" W



Oasis Water Company Post Office Box 672 Moneta, Virginia 24121



PROJECT NAME:	Callaway Elementary Scho
I MORNO I LANGUAGE	

PROJECT NUMBER: NG

CUSTOMER ID: NG

PROCHEM ID: 10R-190

COLLECTION DATE: Grab: 02-18-10

COLLECTION TIME (hours): Grab: 0930

DATE SAMPLE LEFT AT LAB: 02-18-10

TIME SAMPLE LEFT AT LAB: 1330

DATE SAMPLE RECEIVED AT LAB: 02-18-10

TIME SAMPLE RECEIVED AT LAB: 1330

SETUP DATE: 02-18-10

SETUP TIME: 1445

NG = Not Given

ANALYSIS RESULTS METHOD DL(MPN/100ML) (MPN/100ML)

E. coli SM 9223 B.2a* 2 <2 (Colilert)

Report Date: February 23, 2010

William Sherwood PhD Laboratory Microbiologist

^{*} Standard Methods, Sect. 9223, 19th Edition.

ROFEN	15421 Forest Road Forest, VA 24551 Ø (434) 455-0919 F (434) 534-8837		A	na	lytic	cal Request ar	id Ch	ain o	f Cu	stody F	OFM PCA Order No	o.: 10R-190	
C	Sent Information	POS			T	Billing Informat	lon			Contract #	Turn Around Tier		
Company					ony: OASIS Water Co	ompany			1	\$1 standard thusin	ness Day (19 Days)		
Attention	Suthie Dooley				Allenti		11 110 11		-	15		Day Mush (Days)	
Address.	F.O. Box 672				Addres	s P.O. Box 672				13	4-8 Business D	A Business Day Bush (Days)	
City, State.	Moneta, VA 26121				City S					10	43 Business Day Rush [Days]		
Telephone	540-537-5151				Teleph	one 540-537-5151							
Fax.	540-297-5525				Fax:	540-297-5525					06/		
Email:			-7		Email:						OMR (See #13	below)	
LAB LIBE CHLY	Proje	ct Name	Same	ple Ty		Collection Dates / Times							
The same same.		at many	-	1	1	I	1	1		1 1	1		
PCA Semple ID Humber	Mindy Say		Compession of	Gride	Composte Sayn Date Time	Grati Date I Trans	Matrix (See Key Balow)	Container Type	No. of Contains	Preservative (S Below)	Requested Analysis		
	Callava	-	0.8	x	00	02-18-10 0430	ww	Р	1	None	E-coli		
											DEVIA DECLEY 02-18:10 0430 (Name / Signature, Dulle & Time)	D~ D	
DMR (Discharg	MacHaring Reports requi	red by the DES (Dept.)	of Environme	mai On	alligh, the	is toy(date)							
GAIGC Package	Request (please circle on	a) i w m	IV C	vetore		19 C. A.	Children of the Control	esta Ray	36-34	ALC:U	DEVINDADLEY 02-1870 1130	DIDA	
Comments. Received on Ice Temperature upon receipt in bit =					On a Cumman	ON + Graviouss 92 + 9:54				Relinguished (Name / Signature, Date & Time) TERRY DODLEY 02-18 /0 18	11		
					DV - Distributor					Received (Name / Signisture, Date & Time) TEXTY DODIEY OF 18 20/1330 Dy Age Reinigustics - Garner Signature, Gate & Time)			
	Ograv None + Not Preservative (MACH + Siddler Hidd					LE - Essensia		St State	100	(Received (Name / Senature, Date & Time)	10 1330	
raparvativa Kay	4 3 163	HANCE - Marie Alla	1	.153	NAZ + SOL	司以政府是定局	150						
Additional Not	es/Comments:										16-8,177,1		